

# **ANNUAL STATEMENT**

# FOR THE YEAR ENDING DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

#### **CELTIC INSURANCE COMPANY**

·	1295 rent Period)	,	NAIC Compa	ny Code	80799	Employer's ID Numb	per 06-0641618		
Organized under the Laws o	,	Illinois	3	State	of Domicile	or Port of Entry	Illinois		
Country of Domicile				<del></del> -	States				
Licensed as business type:	•	ident & Health [ X ] ervice Corporation [ ]	Vision Se	Casualty [ ] rvice Corpor Federally Q	ation [ ]	Hospital, Medical & Dental Service or Indemnity ion [ ] Health Maintenance Organization [ ] ilified? Yes [ ] No [ ]			
Incorporated/Organized		05/03/1949		Commence	d Business	01/2	20/1950		
Statutory Home Office		77.W. W. akan D.	dive Cuite 1000						
Citatutory Florine Cilice		77 W. Wacker Di (Street and			,	Chicago, IL, US (City or Town, State, Count			
Main Administrative Office				77 W. Wad	ker Drive, S	Suite 1200			
Chi	cago, IL, I	IS 60601		(St	reet and Numbe	er) 800-714-4658			
		untry and Zip Code)				(Area Code) (Telephone Number)	)		
Mail Address		. Wacker Drive, Suite treet and Number or P.O. Bo				Chicago, IL, US 606 (City or Town, State, Country and			
Primary Location of Books a	`		,	7	7 W. Wack	er Drive, Suite 1200			
-					(Stree	et and Number)			
	cago, IL, I vn, State, Co	JS 60601 Intry and Zip Code)	,		(Are	800-714-4658 a Code) (Telephone Number) (Exte	ension)		
Internet Web Site Address				WWW.C6	eltic-net.con	, , ,	,		
Statutory Statement Contact		Stephanie J	J. Lange	_		314-519-004	1		
•		(Name				(Area Code) (Telephone Numb 314-725-4658	per) (Extension)		
	(E-Mail Ad					(Fax Number)			
Name Anand A. Shukla Karen E. Wegg		Title Preside Vice Pres	ent	CERS	Name David J. B		Title e President, Treasurer		
			OTHER C	FICE	RS				
Barbara J. Basham		Vice Pres	ident		John P. R	Ryan,	, Vice President		
Steele Stewart Keith H. Williamson		Vice Presiden Secreta	·		ricia L. Din	kelman , <u>v</u>	ice President of Tax		
		DIE	RECTORS	OR TRU	STEES				
Anand A. Shukla		Tricia L. Din			David J. B	Burke C	Christopher R. Isaak		
State of	Illinois								
County of		•	ss						
The officers of this reporting ent above, all of the herein describe that this statement, together will liabilities and of the condition ar and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in addition	ity, being ded assets weth related end affairs of cordance was or regulaely. Further copy (exce	uly sworn, each depose ere the absolute property shibits, schedules and extensive the said reporting entitle that the NAIC Annual State tions require differences more, the scope of this appet for formatting differences	y of the said reporti explanations therein as of the reporting ement Instructions a in reporting not rela attestation by the de	ng entity, free a contained, a period stated and Accounting ated to accourescribed office	and clear from nnexed or real above, and of practices are also included and clear from the clear from the clear also included and clear from the cl	om any liens or claims thereon, ferred to, is a full and true sta- of its income and deductions the deformance of the s and procedures, according to the the related corresponding of the sthe sthe state the sthe sthe state the sthe state the sthe state the state the the state the state the the state the state the state the the the state the state the the state the state the the state the the state the the state the the state the the the the the state the the state the the the the state the the the the the the state the the the the the the the t	except as herein stated, and atement of all the assets and erefrom for the period ended, to the extent that: (1) state law to the best of their information, electronic filing with the NAIC,		
Anand A. S Preside				J. Burke ent, Treasure	Karen E. Wegg Surer Vice President				
Subscribed and sworn to bday of	efore me				b. If 1. 2.	this an original filing? no: State the amendment num Date filed Number of pages attached	Yes [ X ] No [ ] ber		
Pedro Galvin, Notary Public 12/23/2019									

### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	1 1	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals		1				
Group subscribers:						
Arkansas Department of Human Services	4,727,135					4,727,135
Group subscribers: Arkansas Department of Human Services	2,483,737					2,483,737
			-			
			·			
0299997 Group subscriber subtotal	7 ,210 ,872	0	0	0	0	7,210,872
0299998 Premiums due and unpaid not individually listed	1,288,842					1,288,842
0299999 Total group	8,499,714	0	0	0	0	8,499,714
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	8,499,714	0	0	0	0	8,499,714

### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
019998 - Aggregate of amounts not individually listed above	5,098,163	2,936,094	3,337,278	26,581,655	26,581,655	11,371,535
0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables	5,098,163	2,936,094	3,337,278	26,581,655	26,581,655	11,371,535
0200008 - Aggregate of amounts not individually listed shove	1,790,372		87,653	836,798	3,074,351	11,611,666
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	1,790,372	359,528	87,653	836,798	3,074,351	0
0230303 - Granii overpayilient necervalores	1,790,372	303,320	01,000	030,730	3,074,331	0
		T				
		T				
		<u> </u>				
		1				
		1				
0799999 Gross Health Care Receivables	6,888,535	3,295,622	3,424,931	27,418,453	29,656,006	11,371,535

### EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected he Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	10,173,830		(100,897)	38,054,087	10,072,933	10 , 173 , 830
Claim overpayment receivables	3,048,076					
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	13,221,906	0	(100,897)	41,128,438	13,121,009	13,221,906

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

### **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims								
. 1	2	3	4	5	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total		
Claims Unpaid (Reported)								
0199999 Individually listed claims unpaid		0	0	0	0	ļ		
0299999 Aggregate accounts not individually listed-uncovered								
0399999 Aggregate accounts not individually listed-covered	64,975,953	6,439,771	3,035,379	1,017,277	16,789,703	92,258,083		
0499999 Subtotals	64,975,953	6,439,771	3,035,379	1,017,277	16,789,703	92,258,083		
0599999 Unreported claims and other claim reserves						158,697,11		
0699999 Total amounts withheld						951,33		
0799999 Total claims unpaid						251,906,532		
0899999 Accrued medical incentive pool and bonus amounts						1,660,022		

### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	1 4	5	6	Admi	tted
·	_	, and the second	·			7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Celtic Group, Inc.	19,030,771	,				19,030,771	
Celtic Group, Inc	2,692,421					2,692,421	
			-	ł	+		
				·	+		
	·			1			
				1	<b>1</b>		
				ļ	ļ		
0199999 Individually listed receivables	21,723,192	۵	ļ0	]0	ļ0	21,723,192	0
0299999 Receivables not individually listed	2,818,959					2,818,959	
0399999 Total gross amounts receivable	24,542,151	0	0	0	1 0	24,542,151	0

### **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Centene Corporation	Itimate parent	1,105,913	1,105,913	0
Ambetter of Peach State, Inc	ubsidiary	3,300,000 <b> </b>	3,300,000	
Centene Corporation. UI Ambetter of Peach State, Inc. St Ambetter of Magnolia, Inc. St	ubsidiarý	2,000,000	2,000,000	
0199999 Individually listed payables		6,405,913	6,405,913	0
0199999 Individually listed payables		1,535,166	1,535,166	0
0399999 Total gross payables		7,941,079	7,941,079	0

### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	3,312,903	0.2	531,876	100.0	3,312,903	L0
2. Intermediaries	51,516,265	3.5	531,876	100.0	25,402,159	26,114,106
3. All other providers	8,357,901	0.6	531,876	100.0	8 , 357 , 901	<u> </u> 0
4. Total capitation payments	63,187,069	4.3	1,595,629	300.0	37,072,963	26,114,106
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX	0	<b>L</b> 0
6. Contractual fee payments	1,150,207,641	79.1	xxx	XXX	351,848,025	798,359,616
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	231,725,231	15.9	XXX	XXX		231,725,231
9. Non-contingent salaries	9,789,298	0.7	XXX	XXX	9,789,298	
10. Aggregate cost arrangements		0.0	XXX	XXX		
11. All other payments		0.0	XXX	XXX		
12. Total other payments	1,391,722,170	95.7	XXX	XXX	361,637,323	1,030,084,847
13. Total (Line 4 plus Line 12)	1,454,909,239	100 %	XXX	XXX	398,710,286	1,056,198,953

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 1-1 AIX 2-00 MINARY OF TRANSACTIONS	<u> </u>	<u> </u>			
1	2	3	4 Average	5	6 Intermediary's	
NAIC Code	Name of Intermediary	Capitation Paid	Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC	
	Cenpatico Behavioral Health.	25,402,159	2,116,847			
	National Imaging Association Radiology	26,114,106	2,176,176	0		
9999999 Totals		51,516,265	XXX	XXX	XXX	

## EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Alabama			DURING THE YEAR	2017			NA	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	45			30						
2 First Quarter	45			30				-		
3 Second Quarter	43			28						·
4. Third Quarter	42			27						1
5. Current Year	36			23						1
6 Current Year Member Months	498			324						17
Total Member Ambulatory Encounters for Year:										
7. Physician								-		
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	131,851			131,851						
13. Life Premiums Direct	1,841							ļ		1,84
14. Property/Casualty Premiums Written	0						ļ			
15. Health Premiums Earned	135 , 130			133,289						1,84
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	57,267			57,267						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products 23

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (1. CONTINUE)

								(LOCATION)		
IAIC Group Code 1295 BUSINESS IN THE STATE C	F Alaska			DURING THE YEAR	2017	1	1	NA NA	IC Company Code	80799
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:					•					
1. Prior Year	1			1						
2 First Quarter	1			1						
3 Second Quarter	1			1						
4. Third Quarter	1			1						
5. Current Year	1			1						
6 Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,898			3,898						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,896			3,896						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	344			344						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0and number of persons insured under indemnity only p	roducts 1
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## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE O	F Arizona			DURING THE YEAR	2017		1	NA	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5			3						
2 First Quarter	5			3						
3 Second Quarter	5			3						
4. Third Quarter	5			3						
5. Current Year	3			1						
6 Current Year Member Months	54			30						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	9,847			9,847						ļ
13. Life Premiums Direct	517									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	11,727			11,210						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	11,450			11,450						
18. Amount Incurred for Provision of Health Care Services	0									

a) For health business: number of persons insured under PPO managed care products	0and number of persons insured under indemnity only products 1
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Arkansas	0		DURING THE YEAR	2017	I		N/	AIC Company Code	80799
	1	Compret (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	58,635	58,634								
2 First Quarter	98,118	98,117								
3 Second Quarter	91,856	91,855								
4. Third Quarter	89,890	89,889								
5. Current Year	85,721	85,720								
6 Current Year Member Months	1,115,079	1,115,067								1
Total Member Ambulatory Encounters for Year:										
7. Physician	524,418	524,418								
8. Non-Physician	530,607	530,607								
9. Total	1,055,025	1,055,025	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	32,241	32,241								
11. Number of Inpatient Admissions	7,939	7,939								
12. Health Premiums Written (b)	380 , 826 , 585	380 , 826 , 585								
13. Life Premiums Direct	4,359									4,35
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	380,830,944	380 , 826 , 585								4,35
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	257 ,387 ,568	257 , 387 , 568								
18. Amount Incurred for Provision of Health Care Services	280,142,670	280,142,670								

(a) For health business: number of persons insured under PPO managed care products 85,7	,720 and number of persons insured under indemnity only products $0$	



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	California			DURING THE YEAR	2017			NA NA	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 3  Medicare otal Individual Group Supplement		Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year				2						
2 First Quarter	2			2						
3 Second Quarter				2						
4. Third Quarter				2						
5. Current Year	2			2						
6 Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	13,281			13,281						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned				13,276						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,784			2,784						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $\theta$	and number of persons insured under indemnity only products $\underline{2}$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE O	)F Colorado			DURING THE YEAR	2017		1	NA.	IC Company Code	80799
	1	(Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2			2						
2 First Quarter	2			2						
3 Second Quarter	2			2						
4. Third Quarter	2			2						
5. Current Year	1			1						
6 Current Year Member Months	21			21						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,305			6,305						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	6,659			6,659						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,553			1,553						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 1



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

NAIC Group Code 1295 BUSINESS IN THE STATE O	E Connecticut			DURING THE YEAR	2017			(LOCATION)	IC Company Code	80799
IVAIC GIOUP COUR 1290 BUSINESS IN THE STATE U	Connecticut	Compre					_			
	1 1	(Hospital 8	& Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	57			51						ļ
2 First Quarter	57			51						ļ
3 Second Quarter	55			49						
4. Third Quarter	50			44						1
5. Current Year	50			46						i
6 Current Year Member Months	636			570						66
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	1
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	179,047			179,047						
13. Life Premiums Direct	438									438
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	181,600			181 , 162						438
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	100,398			100,398						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	0 and number of persons insured under indemnity only products 46	



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

NAIC Group Code 1295 BUSINESS IN THE STATE O	F Delaware			DURING THE YEAR	2017			(LOCATION)	IC Company Code	80799
NATO GROUP COME 1293 BOSINESS IN THE STATE O	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5			3						
2 First Quarter	5			3						
3 Second Quarter	5			3						
4. Third Quarter	5			3						
5. Current Year	5			3						:
6 Current Year Member Months	60			36						24
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	16,027			16,027						
13. Life Premiums Direct	70									7
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	16,090			16,020						7
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	15,578			15,578						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products $3$



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

IAIO O O . I AOOF BUOINEOO IN THE OTATE OF	- British (Octobrie			DUDING THE VEAD	0047			(LOCATION)	10.0	00700
AIC Group Code 1295 BUSINESS IN THE STATE OF	District of Columbia	Compre		DURING THE YEAR	-	_	_		IC Company Code	80799
	1	(Hospital 8	& Medical) 3	4	5	6 I	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2 First Quarter	1			1						
3 Second Quarter				1						
4. Third Quarter				1						
5. Current Year	0									
6 Current Year Member Months	9			9						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $\ \underline{0}$	and number of persons insured under indemnity only products 0
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### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. \_\_\_\_\_\_

NA 0 0 1 1005 PUON 500 NA THE OTATE OF				DURING THE YEAR 2	20.4			(LOCATION)		00700
AIC Group Code 1295 BUSINESS IN THE STATE OF	Florida	Comprel		NA I	AIC Company Code	80799				
	1	(Hospital 8	(Hospital & Medical)		5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	90,292	88,903		1,382						
2 First Quarter	237 ,558	236,200		1,351						
3 Second Quarter	215,183	213,875		1,301						
4. Third Quarter	201,129	199,864		1,258						
5. Current Year	190,101	188,872		1,222						
6 Current Year Member Months	2,569,027	2,553,547		15,396						8
Total Member Ambulatory Encounters for Year:										
7. Physician	1,112,677	1,112,677								
8. Non-Physician	746,779	746,779								
9. Total	1,859,456	1,859,456	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	55,692	55,692								
11. Number of Inpatient Admissions	11,002	11,002								
12. Health Premiums Written (b)	719,026,337	714,643,347		4,382,990						
13. Life Premiums Direct										84
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	719,088,237	714,643,347		4,444,045						84
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	487 ,064 ,958	483 , 038 , 869		4,026,131						(4
18. Amount Incurred for Provision of Health Care Services	525,696,232	525,696,232								

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products 188,873 and number of persons insured under indemnity only products 1,222



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. \_\_\_\_\_

NAIC Group Code 1295 BUSINESS IN THE STATE OF	Georgia			DURING THE YEAR 2	2017			(LOCATION)	AIC Company Code	80799
into Group Gode 1299 BOSINESS IN THE STATE OF	1 1	Compre (Hospital a	hensive Medical)	DORING THE TEAR 2	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	107	1		104						
2 First Quarter	98			96						
3 Second Quarter	94			92						
4. Third Quarter	94			92						
5. Current Year	92			91						
6 Current Year Member Months	1,134			1,113						2°
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	320,812			320,812						
13. Life Premiums Direct	162									16
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	320,681			320,519						16
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	287 ,211			287 ,211						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 91



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

	BUONIEGO IN THE OTATE OF :: "				(LOCATION)	20700					
NAIC Group Code 1295	BUSINESS IN THE STATE OF Hawaii	Т	06	hanaiya	DURING THE YEAR	R 2017			NA I	80799	
		1	Comprehensive (Hospital & Medical) 4 5 6				7	8	9	10	
		Total	2 3  Medicare Vision Fotal Individual Group Supplement Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:											
1. Prior Year		0									
2 First Quarter		0									
3 Second Quarter		0									
4. Third Quarter		0									
5. Current Year		0									
6 Current Year Member Months		0									
Total Member Ambulatory Encounters	for Year:										
7. Physician		0									
8. Non-Physician		0									
9. Total		0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b)		0									
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Wr	itten	0				ļ					
15. Health Premiums Earned		0									
16. Property/Casualty Premiums Ea	rned	0									
17. Amount Paid for Provision of He	alth Care Services	0									
18. Amount Incurred for Provision of	Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products $\underline{0}$

16. Property/Casualty Premiums Earned.

17. Amount Paid for Provision of Health Care Services .....18. Amount Incurred for Provision of Health Care Services



#### ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY (LOCATION) BUSINESS IN THE STATE OF Idaho **DURING THE YEAR 2017** NAIC Company Code NAIC Group Code 1295 80799 Comprehensive (Hospital & Medical) 5 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written. 15. Health Premiums Earned.

(a) For health business: number of persons insured under PPO managed care products $^{0}$	and number of persons insured under indemnity only products $0$



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. \_\_\_\_\_

1410 0 0 1 4005 PURINESS IN THE STATE OF					2017			(LOCATION)		00700
AIC Group Code 1295 BUSINESS IN THE STATE OF	Illinois	Compre	hanaire	DURING THE YEAR	2017		T	N/	AIC Company Code	80799
	1	(Hospital 8	R Medical)	4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	26,406	26,378		7						2
2 First Quarter	40,451	40,424		6						2
3 Second Quarter		36,117		6						2
4. Third Quarter		33,247		6						2
5. Current Year	30,234	30,209		6						1
6 Current Year Member Months	424,069	423,751		72						24
Total Member Ambulatory Encounters for Year:										
7. Physician	114,227	114,227								
8. Non-Physician	112,240	112,240								
9. Total	226,467	226,467	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	7,015	7,015								
11. Number of Inpatient Admissions	1,502	1,502								
12. Health Premiums Written (b)		82,476,600		29,023						
13. Life Premiums Direct	3,553									3,55
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	82,513,612	82,476,600		33,459						3,55
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	55,766,060	55 , 743 , 092		22,968						
18. Amount Incurred for Provision of Health Care Services	60,671,224	60,671,224								

(a) For health business: number of persons insured under PPO managed care products 30,209 and number of persons insured under indemnity only products 6



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. \_\_\_\_\_

2. \_\_\_\_\_

1410 0 0 1 4005 BUONESS NUTUE STATE OF				DUDING THE VEAD	20.4			(LOCATION)		80799
AIC Group Code 1295 BUSINESS IN THE STATE OF	Indiana	Comprel		DURING THE YEAR	NA I	IC Company Code	80799			
	1	(Hospital 8	Medical)	4	5 Vision Only	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement		Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	12,389	12,295		85						
2 First Quarter	53,436	53,351		76						
3 Second Quarter	50,486	50,401		76						
4. Third Quarter	48,239	48 , 154		76						
5. Current Year	45,049	44,965		76						
6 Current Year Member Months	592,280	591,263		912						10
Total Member Ambulatory Encounters for Year:										
7. Physician	27,317	27,317								
8. Non-Physician	23,261	23,261								
9. Total	50,578	50,578	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	11,374	11,374								
11. Number of Inpatient Admissions	2,175	2,175								
12. Health Premiums Written (b)	180 , 482 , 547	180,097,673		384,874						
13. Life Premiums Direct	695									69
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	180 ,864 ,645	180,482,546		381,404						69
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,923,682	121 ,721 ,812		201,870						
18. Amount Incurred for Provision of Health Care Services	132,482,986	132,482,986								

(a) For health business: number of persons insured under PPO managed care products 44,965 and number of persons insured under indemnity only products 76



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IALO O O . I	F.L			DUDING THE VEAD	0047			(LOCATION)		00700
IAIC Group Code 1295 BUSINESS IN THE STATE OF	F IOWA	Compre	hensive	DURING THE YEAR	2017			NA I	AIC Company Code	80799
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										I
1. Prior Year	26			24						<b> </b>
2 First Quarter	22			20						<b> </b>
3 Second Quarter	22			20						J
4. Third Quarter	22			20						
5. Current Year	21			20						
6 Current Year Member Months	261			240						2
Total Member Ambulatory Encounters for Year:										1
7. Physician	0									J
8. Non-Physician	0									<u> </u>
9. Total	0	0	0	0	0	0	0	0	0	<u> </u>
10. Hospital Patient Days Incurred	0									<u> </u>
11. Number of Inpatient Admissions	0									1
12. Health Premiums Written (b)	88,923			88,923						J
13. Life Premiums Direct	127									1
14. Property/Casualty Premiums Written	0									]
15. Health Premiums Earned	88,414			88,287						12
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	61,154			61,111						
18. Amount Incurred for Provision of Health Care Services	0									Ì

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products $20$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE O	F Kansas			DURING THE YEAR	2017		T	NA NA	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9	2		7						
2 First Quarter	7			7						
3 Second Quarter	7			7						
4. Third Quarter	7			7						
5. Current Year	7			7						
6 Current Year Member Months	84			84						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	27,560	(897)		28,457						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	27,228	(897)		28 , 125						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	18,812			18,812						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products $^7$

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



### EXHIBIT OF PREMIUMS ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Kentucky Spirit Health I	Plan, Inc.		ioivio, Liv	I COLLIVIE		2.	Oit (a)			
NAIC Group Code 1295 BUSINESS IN THE STATE OF I	Kentucky			DURING THE YEAR	2017			(LOCATION)	C Company Code	14100
NATIO GROUP GOOD 1230 BOOMNEGO IN THE OTHER OF	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1									
2 First Quarter	1									
3 Second Quarter	1									
4. Third Quarter	1									
5. Current Year	1									
6 Current Year Member Months	12									12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	610									610
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										610
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	10,053									10 , 050
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $^{0}$	and number of persons insured under indemnity only products $0$

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Louisiana			DURING THE YEAR	2017			N/	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5			5						
2 First Quarter	3			3						
3 Second Quarter				3						
4. Third Quarter	3			3						
5. Current Year	3			3						
6 Current Year Member Months	36			36						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	16,121			16,121						
13. Life Premiums Direct	0							ļ	ļ	
14. Property/Casualty Premiums Written	0							ļ		
15. Health Premiums Earned	17,267			17,267						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	9,947			9,947						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For nearth business: number of persons insured under PPO managed care products $\sqrt{}$ and number of persons insured under indemnity only products $\sqrt{}$	(a) For health business: number of persons insured under PPO managed care products $\underline{0}$	and number of persons insured under indemnity only products $3$
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

NAIC Group Code 1295 BUSINESS IN THE STATE OF	Maina			DURING THE YEAR	2017			(LOCATION)	IC Company Code	80799
NAIC Gloup Code 1295 BUSINESS IN THE STATE OF	ivialite .	Compre					_			
	1	(Hospital a	& Medical) 3	4	5	6 I	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2									
2 First Quarter	2									
3 Second Quarter	2									
4. Third Quarter	2									
5. Current Year	2									:
6 Current Year Member Months	24									2-
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	85									8
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										8
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products $\underline{0}$



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. Maryland

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	F Maryland			DURING THE YEAR	2017			NA NA	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9			7						
2 First Quarter	9			7						
3 Second Quarter	9			7						
4. Third Quarter	9			7						
5. Current Year	9			7						
6 Current Year Member Months	108			84						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	27 ,786			27 ,786						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	27,773			27 ,773						ļ
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	23,938			23,938						ļ
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $\ \underline{0}$	and number of persons insured under indemnity only products 7
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Massachusetts	0	to a contract	DURING THE YEAR	2017	T		NA	IC Company Code	80799
	1	Compre (Hospital a	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										1
2 First Quarter	17									1
3 Second Quarter										1
4. Third Quarter										1
5. Current Year	15									1
6 Current Year Member Months	198									19
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	2,831									2,83
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,831									2,83
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	15,029									15,02
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $^{0}$	and number of persons insured under indemnity only products $0$



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

VAIC Group Code 1295 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR	2017			(LOCATION)	IC Company Code	80799
AIC Group Code 1295 BUSINESS IN THE STATE OF	1 1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3			2						
2 First Quarter	3			2						
3 Second Quarter				2						
4. Third Quarter				2						
5. Current Year	3			2						
6 Current Year Member Months	36			24						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10,463			10,463						
13. Life Premiums Direct	461									4
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned				10,459						4
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services				7,085						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products $^{2}$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Minnesota			DURING THE YEAR	2017		T	NA NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7	7								
2 First Quarter	7	7								
3 Second Quarter	7	7								
4. Third Quarter	7	7								
5. Current Year	7	7								
6 Current Year Member Months	84	84								
Total Member Ambulatory Encounters for Year:										
7. Physician	79	79								
8. Non-Physician	31	31								
9. Total	110	110	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	11	11								
11. Number of Inpatient Admissions	4	4								
12. Health Premiums Written (b)	(6,336)	(6,336)								
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	(6,336)	(6,336)								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	129,608	129,608								
18. Amount Incurred for Provision of Health Care Services	(43,982)	(43,982)								

(a) For health business: number of persons insured under PPO managed care products 7and number of persons insured under indemnity only products 0	
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (COATION)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Mississippi			DURING THE YEAR	2017	l	T	NA	AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	22			21						
2 First Quarter				19						
3 Second Quarter				19						
4. Third Quarter				19						
5. Current Year	19			19						
6 Current Year Member Months	237			228						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	91,993			91,993						
13. Life Premiums Direct										34
14. Property/Casualty Premiums Written										
15. Health Premiums Earned				91,557						34
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	65,184			65 , 184						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 19

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. \_\_\_\_\_\_

NAIC Group Code 1295 BUSINESS IN THE STATE C	NE Missouri			DURING THE YEAR	2017			(LOCATION)		80799
IAIC Group Code 1295 BUSINESS IN THE STATE C	DF MISSOURI	Compre	hensive	DURING THE YEAR	2017			IN A	AIC Company Code	80799
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18	1		17						
2 First Quarter	14			14						
3 Second Quarter	14			14						
4. Third Quarter	14			14						
5. Current Year	14			14						
6 Current Year Member Months	168			168						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	49,895			49,895						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	50,846			50,846						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	41,455			41,455						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products 14



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

AND OUR OLD ADDED TO BUILDING ON THE OTATE OF	Martara			DUDING THE VEAD	0047			(LOCATION)	10.0	00700
IAIC Group Code 1295 BUSINESS IN THE STATE OF	Montana	Compre	hensive	DURING THE YEAR	2017		NA I	AIC Company Code	80799	
	1	(Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Onlv	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:				2.1/4	- ,	- ,				
1. Prior Year	1			1						
2 First Quarter	1			1						
3 Second Quarter				1						
4. Third Quarter				1						
5. Current Year	0									
6 Current Year Member Months	9			9						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,014			1,014						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned				1,013						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	482			482						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $^{0}$	and number of persons insured under indemnity only products $0$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	- Nebraska			DURING THE YEAR	2017		1	NA.	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	31			29						
2 First Quarter	24			22						
3 Second Quarter	24			22						
4. Third Quarter	24			22						
5. Current Year	24			22						
6 Current Year Member Months	288			264						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	135,620			135,620						
13. Life Premiums Direct	498								ļ	
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	144,601			144 , 103						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	68,702			68,702						
18. Amount Incurred for Provision of Health Care Services	0									<u> </u>

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products 22

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Nevada			DURING THE YEAR	2017			NA	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		3		4						
2 First Quarter	4			4						
3 Second Quarter	4			4						
4. Third Quarter				3						
5. Current Year	3			3						
6 Current Year Member Months	42			42						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	12,022			12,022						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	12,017			12,017						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,007			3,007						
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products $^{0}$	and number of persons insured under indemnity only products $^{3}$



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)	AIC Company Code	
AIC Group Code 1295 BUSINESS IN THE STATE OF	New Hampshire	Comprehensive		DURING THE YEAR	2017		N/	80799		
	1	(Hospital 8	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,239	17,239								
2 First Quarter	18,109	18,109								
3 Second Quarter	17,548	17,548								
4. Third Quarter	16,961	16,961								
5. Current Year	15,533	15,533								
6 Current Year Member Months	207,532	207,532								
Total Member Ambulatory Encounters for Year:										
7. Physician	77,949	77,949								
8. Non-Physician	243,738	243,738								
9. Total	321,687	321,687	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	6,039	6,039								
11. Number of Inpatient Admissions	1,324	1,324								
12. Health Premiums Written (b)	89,068,267	89,068,267								
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned		89,068,267								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services		60 , 198 , 173								
18. Amount Incurred for Provision of Health Care Services	65,520,169	65,520,169								

(a) For health business: number of persons insured under PPO managed care products 15,533 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	New Jersey			DURING THE YEAR	2017		1	NA NA	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	220			220						
2 First Quarter	216			216						
3 Second Quarter	212			212						
4. Third Quarter				203						
5. Current Year	197			197						
6 Current Year Member Months	2,484			2,484						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	926,288			926,288						
13. Life Premiums Direct	0							ļ	ļ	
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	939,992			939,992						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	545,804			545,804						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 197



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	New Mexico			DURING THE YEAR	2017		T	N	AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	22	3		14						
2 First Quarter	19			14						
3 Second Quarter	19			14						
4. Third Quarter	19			14						
5. Current Year	18			13						
6 Current Year Member Months	225			165						6
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	52,742			52,742						
13. Life Premiums Direct	5,780									5,78
14. Property/Casualty Premiums Written	0							ļ		
15. Health Premiums Earned	59,306			53,526						5 ,78
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	26,008			26,008						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 13

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

CELTIC INSURANCE COMPANY **REPORT FOR: 1. CORPORATION** (LOCATION) BUSINESS IN THE STATE OF New York **DURING THE YEAR 2017** NAIC Company Code 80799 NAIC Group Code 1295 Comprehensive (Hospital & Medical) 5 10 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Medicare Medicaid Other Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter 5. Current Year 6 Current Year Member Months

o current real Member Months	12									12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	95									95
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	95									95
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									

a) For health business: number of persons insured under PPO managed care products	$\underline{0}$ and number of persons insured under indemnity only products $\underline{0}$
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18. Amount Incurred for Provision of Health Care Services

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	North Carolina			DURING THE YEAR	2017	T	T	N/	AIC Company Code	80799
	1	Compre (Hospital & 2	hensive & Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				10						1
2 First Quarter	19			9						1
3 Second Quarter	19			9						1
4. Third Quarter	19			9						1(
5. Current Year	18			9						(
6 Current Year Member Months	225			108						117
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	43,666			43,666						
13. Life Premiums Direct	3,482									3,48
14. Property/Casualty Premiums Written									ļ	
15. Health Premiums Earned	47 , 129			43,647						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	35,435			25,419						10,010
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $^{0}$	and number of persons insured under indemnity only products $^{9}$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF No	rth Dakota			DURING THE YEAR	2017	T	T	NA NA	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3			3						
2 First Quarter	3			3						
3 Second Quarter	3			3						
4. Third Quarter				3						
5. Current Year	2			2						
6 Current Year Member Months	33			33						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,846			6,846						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	6,843			6,843						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	869			869						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $^{0}$	and	d number of persons insured under indemnity only products 2	



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Ohio			DURING THE YEAR	2017		T	NA	AIC Company Code	80799
	1	Compre (Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		1		18						
2 First Quarter				18						
3 Second Quarter	24			17						
4. Third Quarter	24			17						
5. Current Year	23			17						
6 Current Year Member Months	288			207						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)				80,252						
13. Life Premiums Direct	2,958									2,9
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	83,329			80,371						2,9
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services				33,942						5,0
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products 17

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

NAIC Group Code 1295 BUSINESS IN THE STATE OF	Oklahoma			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	80799
AIC Gloup Code 1295 BOSINESS IN THE STATE OF	Oklanoma	Compre	hensive							
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6	2		3						
2 First Quarter	4			3						
3 Second Quarter	4			3						
4. Third Quarter	4			3						
5. Current Year	3			2						
6 Current Year Member Months	45			33						1.
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	9,667			9,667						
13. Life Premiums Direct	144									14
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	9,806			9,662						14
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7 ,481			7,481						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 2



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

NAIC Crown Code 1205 PUBLINESS IN THE STATE OF Organ

								(LOCATION)		
IAIC Group Code 1295 BUSINESS IN THE STATE O	F Oregon	0	h i	DURING THE YEAR	2017			NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0	0								
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0	0								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $^{0}$	and number of persons insured under indemnity only products $0$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. \_\_\_\_\_\_

2. \_\_\_\_\_

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Pennsylvania			DURING THE YEAR	2017			NA NA	AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				22						
2 First Quarter				22						
3 Second Quarter				22						
4. Third Quarter				21						
5. Current Year	19			19						
6 Current Year Member Months	252			252						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	83,398			83,398						
13. Life Premiums Direct	0									ļ
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	85 , 167			85,167						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services				39,456						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products 19

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. \_\_\_\_\_(LOCATION)

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF Rh	ode Island			DURING THE YEAR	2017		Г	NA NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1			1						
2 First Quarter	1			1						
3 Second Quarter	1			1						
4. Third Quarter	1			1						
5. Current Year	1			1						
6 Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,674			4,674						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,672			4,672						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	875			875						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0and number of persons insured under indemnity only p	roducts 1
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## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

NAIG Construction Appearance Discours Code	- Cauth Caralina			DUDING THE VEAD	0047			(LOCATION)	10.0	00700
IAIC Group Code 1295 BUSINESS IN THE STATE OF	- South Carolina	Compre	hensive	DURING THE YEAR	2017			NA I	AIC Company Code	80799
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		1		26						
2 First Quarter	30			26						
3 Second Quarter				24						
4. Third Quarter	27			23						
5. Current Year	24			22						
6 Current Year Member Months	327			285						4.
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	1
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	100,063			100,063						
13. Life Premiums Direct	4,902									4,90
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	110,499			105,597						4,90
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	62,444			62,444						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products 22

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

NA 0 0 1 100 PURINESS IN THE STATE OF				DUDING THE VEAD	00.4=			(LOCATION)	10.0	80799	
AIC Group Code 1295 BUSINESS IN THE STATE OF	South Dakota	Compre	honeivo	DURING THE YEAR	2017			I NA	NAIC Company Code		
	1	(Hospital 8	& Medical)	edical) 4		6	7	8	9	10	
	Total	2 3  Total Individual Group	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	12			11							
2 First Quarter				8							
3 Second Quarter				8							
4. Third Quarter				8							
5. Current Year	9			8							
6 Current Year Member Months	108			96							
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	49 , 185			49,185							
13. Life Premiums Direct	308									3	
14. Property/Casualty Premiums Written											
15. Health Premiums Earned				54,086						3	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services				33,521							
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products $\underline{8}$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. \_\_\_\_\_\_

				DURING THE YEAR				(LOCATION)		80799
IAIC Group Code 1295 BUSINESS IN THE STATE OF	Tennessee		NA	NAIC Company Code						
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total		Vision Only		Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:										
1. Prior Year	14			3						
2 First Quarter	14			3						
3 Second Quarter	14			3						
4. Third Quarter	14			3						1
5. Current Year	14			3						1
6 Current Year Member Months	168			36						13
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	14,726			14,726						
13. Life Premiums Direct	5,393									5 , 39
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	20,112			14,719						5 , 39
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,614			6,614						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 3

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. TX

								(LOCATION)		
IAIC Group Code 1295 BUSINESS IN THE STATE OF	Texas			DURING THE YEAR 2		T	NAIC Company Code		80799	
	1	Comprel (Hospital &	hensive ( Medical)	4	5	6	7	8	9	10
	2 3	Medicare Supplement	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX			
Total Members at end of:	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
	45.440	45,000		47						
1. Prior Year	45,143	45,080		47						<u>-</u> 1
2 First Quarter	211,755	211,694		45						1
3 Second Quarter	191,486	191,425		45						1
4. Third Quarter	177 ,786	177 ,725		45						1
5. Current Year	164,528	164,473		42						1
6 Current Year Member Months	2,240,921	2,240,207		531						18
Total Member Ambulatory Encounters for Year:										
7. Physician	913,871	913,871								
8. Non-Physician	721,604	721,604								
9. Total	1,635,475	1,635,475	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	57,197	57,197								
11. Number of Inpatient Admissions	10,504	10,504								
12. Health Premiums Written (b)	696,291,066	696 , 054 , 160		236,906						
13. Life Premiums Direct	10,977									10,97
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	696,303,451	696 , 054 , 160		238,314						10,97
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	470,658,375	470 , 466 , 345		192,030					ļ	ļ
18. Amount Incurred for Provision of Health Care Services	512,023,973	512,023,973								

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products 42 and number of persons insured under indemnity only products 42



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Utah			DURING THE YEAR	2017	1	T.	NA NA	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2			2						
2 First Quarter	2			2						
3 Second Quarter				2						
4. Third Quarter				2						
5. Current Year	2			2						
6 Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	9,190			9,190						
13. Life Premiums Direct	0			ļ						
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	9,153			9 , 153						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	11,318			11,318						
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products $2$



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

NAIO Orang Orde 4005 DUOINEOC IN THE OTATE	OF \/			DUDING THE VEAR	0047			(LOCATION)	10.0	00700
NAIC Group Code 1295 BUSINESS IN THE STATE (	UF vermont	Compre	hensive	DURING THE YEAR	2017			NA I	IC Company Code	80799
	1	(Hospital 8		4	5	6 Dental Only	7 Federal Employees Health Benefit Plan	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only			Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	8			8						
2 First Quarter	8			8						
3 Second Quarter	8			8						
4. Third Quarter	8			8						
5. Current Year	8			8						
6 Current Year Member Months	96			96						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	19,924			19,924						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	19,356			19,356						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	17,356			17,356						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $^{0}$	and number of persons insured under indemnity only products $^8$



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

				DURING THE YEAR				(LOCATION)	AIC Company Code	
AIC Group Code 1295 BUSINESS IN THE STATE OF	- Virginia	0	NA	80799 I						
	1	Compre (Hospital 8	& Medical)	4	5	6 Dental Only	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only		Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	46			31						
2 First Quarter	46			31						1
3 Second Quarter	46			31						1
4. Third Quarter	45			30						1
5. Current Year	40			28						1
6 Current Year Member Months	531			360						17
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)				88 , 198						
13. Life Premiums Direct	4,607									4,60
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	92,062			87 , 455						4 , 60
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	140,690			40,352						100,33
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products 28



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Health Net Plan of Orego	n, Inc.					2				
NAIC Group Code 01295 BUSINESS IN THE STATE OF W	ashington			DURING THE YEAR	2017			(LOCATION) NA	IC Company Code	95800
	1	Compre (Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	(	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products $\underline{0}$



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE O	F West Virginia			DURING THE YEAR	2017		1	NA NA	IC Company Code	80799
	1	Compre (Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7			7						
2 First Quarter	7			7						
3 Second Quarter	7			7						
4. Third Quarter	7			7						
5. Current Year	5			5						
6 Current Year Member Months	78			78						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	23,462			23,462						
13. Life Premiums Direct	0								ļ	
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	23,430			23,430						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	12,277			12,277						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0\_\_\_\_\_and number of persons insured under indemnity only products 5\_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Wisconsin			DURING THE YEAR	2017		T	NA.	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3									
2 First Quarter	3									
3 Second Quarter										
4. Third Quarter	3									
5. Current Year	3									
6 Current Year Member Months	36									3
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	1,481				ļ		ļ		ļ	1,48
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,481									1 , 48
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products $0$	and number of persons insured under indemnity only products $\underline{0}$

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Wyoming			DURING THE YEAR	2017	l	T	NA	AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		1		2						
2 First Quarter				2						
3 Second Quarter				2						
4. Third Quarter				2						
5. Current Year	5			1						
6 Current Year Member Months	69			21						4
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	9,198			9 , 198						
13. Life Premiums Direct										1,97
14. Property/Casualty Premiums Written									ļ	ļ
15. Health Premiums Earned	11,171			9,195						1,97
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	277			277						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products $^{0}$	)	and number of persons insured under indemnity only products 1	

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

NAIC Group Code 1295 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR	2017			(LOCATION) NA	IC Company Code	80799
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	250,937	248 , 551	0	2,215	0	0	0	0	0	171
2 First Quarter	660,212	657 ,902	0	2,139	0	0	0	0	0	171
3 Second Quarter	603,473	601,228	0	2,074	0	0	0	0	0	171
4. Third Quarter	568,030	565 , 847	0	2,012	0	0	0	0	0	171
5. Current Year	531,876	529,779	0	1,948	0	0	0	0	0	149
6 Current Year Member Months	7,157,956	7,131,451	0	24,519	0	0	0	0	0	1,986
Total Member Ambulatory Encounters for Year:										
7. Physician	2,770,538	2,770,538	0	0	0	0	0	0	0	0
8. Non-Physician	2,378,260	2,378,260	0	0	0	0	0	0	0	0
9. Total	5,148,798	5,148,798	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	169,569	169,569	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	34,450	34,450	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	2,150,858,033	2,143,159,399	0	7,698,634	0	0	0	0	0	0
13. Life Premiums Direct	59,538	0	0	0	0	0	0	0	0	59 , 538
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	2,151,405,381	2,143,544,272	0	7 ,801,571	0	0	0	0	0	59 , 538
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,454,909,238	1,448,685,467	0	6,083,320	0	0	0	0	0	140,451
18. Amount Incurred for Provision of Health Care Services	1,576,493,271	1,576,493,271	0	0	0	0	0	0	0	0

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products 529,780 and number of persons insured under indemnity only products 1,948

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#### ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

#### **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC					Type of			Reserve Liability Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Reinsurance		Unearned	Unearned	Pavable on Paid	Coinsurance	Funds Withheld
Company Code	Number	Effective Date	Name of Reinsured  ALLIANZ LIFE INS CO OF N AMER	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Funds Withheld Under Coinsurance
Non-Affiliat	tes - U.S. Non-Af	filiates	Traine of Trainearea	our out out	7.00000	1 10111101110			and onpaid 200000	11000110	Cinaci Comodianico
90611	41 - 1366075	01/01/3000	ALLIANZ LIFE INS CO OF N AMER.	MN				8,742			
0899999 -	Total Non-Affili	ates - U.S. Non-A	ffiliates			0	0			0	0
1 1099999 -	TOTAL NON-ATTILL	ates - Total Non-	ATTITIALES			0	0		60,012	0	0
1199999 -	Total U.S. (Sum	of 0399999 and 08	9999)			0	0	8,742	60,012	0	0
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9999999	าบเสเร					0	1 0	8,742	60,012	0	0

## SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Yea

	Rei 2	insurance Recover 3	able on Paid and Unpaid Losses Listed by Rei 4	nsuring Company as of December 31, Current	Year 6	7
	2	3	4	5	0	7
1 NAIC Company Code	ID	Effective	Name of	Domiciliary	Paid	Unpaid
Code	Number	Date ates - U.S. Non-Aff	Company	Jurisdiction	Losses	Losses
11835	04-1590940	01/01/2015	PARTNERRE AMER INS CO	DE	11,475,861	4,288,955
00000	AA -9990032	01/01/2015	US Dept of Hith & Human Serv	DC_	3,034,288	4 200 055
2199999 - ACCI	dent and Health	- Non-Affiliates - U	Total Non-Affiliates		14,510,149 14,510,149	4,288,955 4,288,955
2299999 - Acci	dent and Health	- Total Accident and	d Health		14,510,149	4,288,955
2399999 - Tota	I U.S. (Sum of 0	399999, 0899999, 149	99999 and 1999999)	I	14,510,149	4,288,955
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0000000 T-	tale Life Asset	ity and Assidant -	had Hoolth (Sum of 1100000 and 2200000)		14 510 140	4 000 OF
<u> </u>	tais—Liie, Alinu	ny and Accident ar	nd Health (Sum of 1199999 and 2299999)		14,510,149	4,288,955

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#### **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31. Current Year

1				Keii	iisurance ceueu F		II IIISUI AIICE LISIE	d by Reinsuring Com	ipany as or Decenii	Jer 31, Current Tear				
Name	- 1					6	/							
Company   December   Company   December   Company   Company   December   De	1	2	3	4	5			8	-			<del>, '</del>		14
Date   Company   Local Company   Local Company   Local Condition   Ceded   Peniums   (Estimated)   Uneamed Premium   Qurrent Year   Prior Year   Reserve   Under Company   Local Company   L	NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Date   Company   Local Company   Local Company   Local Condition   Ceded   Peniums   (Estimated)   Uneamed Premium   Qurrent Year   Prior Year   Reserve   Under Company   Local Company   L	Company	ID I	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
General Account - Institutions - Vice-Affiliates - U.S. Non-Affiliates - U.S. Non-Affi								Premiums			Current Year	Prior Year		Under Coinsurance
1135   0-1-195090   Particles MeS IN S CI   E					0411041041011	00000	00000		(Louinatou)	[0.1001.1001.101.101	ourrone rour	1	1 11000110	9
March   Marc					DE		CMM	14 414 850						
22677   25-277128	00000			IIS Dont of 11th & Human Sorv				1 700 026						
2097   95-271726	86258	13-2572001		GENERAL RELIEF CORP				7 608 634	712 806	1 667 344				
1935   0.4 + 190940   PRITERS MER IN 070   PRI   190940   PRI   1909400   PRI   190940   PRI   190940   PRI   190940   PRI   190940   PRI	22667			ACE AMED INC CO					112,000	, ,007 ,344		····		
1935   04-150340    PATTERSE MED (0)   DE   OM	22667	05 2371720		ACE AMED INC CO						· · · · · · · · · · · · · · · · · · ·				
1935   94-190940   Print Paper   MER 1915   1935	11935	04 1500040		DADTNEDDE AMED INC CO										
389999 - General Account - Authorized - Non-Affiliates	11033	04 1500040		DADTNEDDE AMED INC CO	DE DE		CWW			-				
199999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates - Total Authorized Non-Affiliates - Total Count - Authorized Account - Authorized Non-Affiliates - Total Count - Authorized Non-Affiliates - Total Count - Authorized Non-Affiliates - Total Count - Non-Affiliates - Total			Authorized N	on Affiliates II C Non Affiliates	DL		UiVIIVI	22 002 220	710 000	1 667 244	Λ	0	0	0
1999   General Account - Nathorized - Oral Servaria Account - Oral Servaria Accou											0	0	0	Ü
3459999 - General Account - Total General Account - Multhorized unauthorized unauthorized and Certified 23,902.320 712.806 1,687,344 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											U		U	0
7999999 - Total U.S. (Sum of 0399999, 1899999, 1899999, 25999999, 25999999, 25999999, 25999999, 25999999, 259999, 259999, 2599999, 2599999, 259999, 2599999, 259999, 2											0			0
											0	0	0	0
	6999999 -	· Total U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999,	, 4299999, 4899999,	5399999, 5999999 and	6499999)	23,902,320	712,806	1,667,344	0	0	0	0
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999999 Totals   23.902.320   7/2.800   1.007.344   0.1 0.1 0.1	9999999	Totals						23,902,320	712,806	1,667,344	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

**NONE** 

# SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	,	Omitted)			
	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums	23,902	21,593	13,778	15,437	15,461
2. Title XVIII-Medicare	0	0	0	0	0
Title XIX-Medicaid	0	0	0	0	0
Commissions and reinsurance expense allowance	198	219	257	771	1,038
Total hospital and medical expenses	30	25 , 137	11,864	17,081	21,598
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	825	13	0	0
7. Claims payable	(4,289)	(4,191)	(2,052)	(769)	(692
Reinsurance recoverable on paid losses	14,510	19,893	8,449	4,607	2,927
Experience rating refunds due or unpaid	1,810	9,348	937	1,174	4
10. Commissions and reinsurance expense allowances due.	0	0	0	0	0
11. Unauthorized reinsurance offset	1,598	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

#### **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	1,082,714,728		1,082,714,728
2.				
3.	Amounts recoverable from reinsurers (Line 16.1)			14,510,149
4.	Net credit for ceded reinsurance	xxx	18,799,104	18,799,104
5.	All other admitted assets (Balance)	63,549,687		63,549,687
6.	Total assets (Line 28)	1,170,369,701	18,799,104	1,189,168,805
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	247 ,617 ,577	4,288,955	251,906,532
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,660,022		1,660,022
9.	Premiums received in advance (Line 8)	65,200,065		65,200,065
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	1,597,746		1,597,746
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	691,792,895		691,792,895
15.	Total liabilities (Line 24)	1,007,868,305	4,288,955	1,012,157,260
16.	Total capital and surplus (Line 33)	162,501,396	XXX	162,501,396
17.	Total liabilities, capital and surplus (Line 34)	1,170,369,701	4,288,955	1,174,658,656
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	4,288,955		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	14,510,149		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	18,799,104		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	18,799,104		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Direct Business Only												
States, Etc.	Al	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals					
1. Alabama	AL				-							
2. Alaska	AK AZ											
3. Arizona												
4. Arkansas	AR											
5. California	CA											
6. Colorado												
7. Connecticut												
8. Delaware												
9. District of Columbia												
10. Florida												
I1. Georgia												
12. Hawaii												
13. Idaho												
14. Illinois	IL				-	·						
5. Indiana					-	·						
16. lowa			-		-	-						
I7. Kansas			-			-						
18. Kentucky												
19. Louisiana	LA											
20. Maine			ļ		· <b> </b>	ļ	ļ					
21. Maryland					.							
22. Massachusetts												
23. Michigan	MI											
24. Minnesota	MN											
25. Mississippi	MS											
26. Missouri	MO											
27. Montana	TM											
28. Nebraska	NE											
29. Nevada	NV											
30. New Hampshire	NH											
31. New Jersey	NJ											
32. New Mexico	MM											
33. New York	NY											
34. North Carolina	NC											
35. North Dakota	ND											
36. Ohio	OH											
37. Oklahoma												
38. Oregon						215						
39. Pennsylvania				•		210						
10. Rhode Island				•								
11. South Carolina						<u> </u>						
12. South Dakota												
43. Tennessee	TN			• • • • • • • • • • • • • • • • • • • •								
4. Texas	TX			•								
I5. Utah												
16. Vermont	VT											
io. Vernioni 17. Virginia												
ł8. Washington												
19. West Virginia					1							
•												
50. Wisconsin					-	†						
51. Wyoming												
52. American Samoa												
53. Guam												
54. Puerto Rico												
55. US Virgin Islands			!		1							
56. Northern Mariana Islands												
57. Canada					1							
58. Aggregate Other Alien	OT I				I		i e					

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1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence Other)		Entity(ies)/Person(s)		*
	0.04p .140	1 0000		11002	0	New York Stock	5. 7 mmatos	2004		Shareholders/Board of	Shareholders/Boa		Shareholders/Board	()	
01295	Centene Corporation	00000	42-1406317		0001071739		Centene Corporation	DE	UDP	Directors	rd of Directors	100 0	of Directors	l N	0
0.200	00110110 001 por acron		12 1100011			Z.xonango	Bankers Reserve Life Insurance			300.0	14 01 51100(010	1	Centene	1	
01295	Centene Corporation.	71013	39-0993433				Company of Wisconsin	w ı	IA	Centene Corporation.	Ownership	100 0	Corporation	l N	0
										Bankers Reserve Life	- · · · · · · · · · · · · · · · · · · ·				
							Health Plan Real Estate			Insurance Company of			Centene	1 1	
01295	Centene Corporation	00000	46-2860967				Holding, Inc.	MO	NIA	Wisconsin	Ownership	17.0	Corporation	l yl	0
							]g,g,						Centene		
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan. Inc	GA	IA	Centene Corporation	Ownership	100.0	Corporation	l N	0
							Health Plan Real Estate				- · · · · · · · · · · · · · · · · · · ·		Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.0	Corporation	l yl	0
0.200		100000	10 2000001								0 p		Centene		
01295	Centene Corporation	15713	46-4829006				lowa Total Care, Inc	I A	IA	Centene Corporation	Ownership	100 0	Corporat ion	l N	0
							Buckeye Community Health Plan,						Centene		
01295	Centene Corporation	11834	32-0045282				Inc	OH	IA	Centene Corporation	Ownership	100.0	Corporat ion	l N	0
		l i					Health Plan Real Estate			Buckeye Community Health			Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc.	MO	NIA	Plan. Inc	Ownership	13.0	Corporation	Y	0
							J		]				Centene		
01295	Centene Corporation	12959	20-5693998				Absolute Total Care. Inc	SC	IA	Centene Corporation	Ownership	100.0	Corporat ion	l N	0
		l i					Health Plan Real Estate						Centene		
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc.	MO	NIA	Absolute Total Care, Inc	Ownership	1.0	Corporat ion	lу	0
	, , , , , , , , , , , , , , , , , , , ,	l i					, , , , , , , , , , , , , , , , , , , ,						Centene		
01295	Centene Corporation	00000	59-3807546				Physicians Choice, LLC	SC	NIA	Absolute Total Care, Inc	Ownership	100.0	Corporation	N	0
	'	l i		İ			'			Í	'	İ	Centene	i i	i
01295	Centene Corporation	00000	65-1206841				PhyTrust of South Carolina LLC	FL	NIA	Absolute Total Care, Inc.	Ownership	100.0	Corporation	N	0
	'	i i		İ			Coordinated Care Corporation				'		Centene	l l	
01295	Centene Corporation	95831	39-1821211				d/b/a Managed Health Services	IN	IA	Centene Corporation	Ownership	100.0	Corporation	N	0
	i '	i i		İ			Health Plan Real Estate			Coordinated Care Corporation	'	İ	Centene	i i	i
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc.	MO	NIA	d/b/a Managed Health Services	Ownership	15.0	Corporation	Y	0
	,						Healthy Washington Holdings,				, i		Centene	1 1	
01295	Centene Corporation	. 00000	46-5523218				Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
	· ·						Coordinated Care of Washington,			Healthy Washington Holdings,	,		Centene		
01295	Centene Corporation	15352	46-2578279				Inc	WA		Inc	Ownership	100.0	Corporation	N	0
							Managed Health Services						Centene	1 1	
01295	Centene Corporation	96822	39-1678579				Insurance Corp	W I	I A	Centene Corporation	Ownership	100.0	Corporation	N	0
	i i			1			Health Plan Real Estate			Managed Health Services	·		Centene	1 1	
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	МО	N I A	Insurance Corp	Ownership	2.0	Corporat ion	Y	0
													Centene	1 1	
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	AZ		Centene Corporation	Ownership	100.0	Corporation	N	0
				1	ĺ				1			1	Centene		
01295	Centene Corporation	95647	74-2770542	.			Superior HealthPlan, Inc	TX	I A	Centene Corporation	Ownership	100.0	Corporat ion	N	0
1	l			1	ĺ		Health Plan Real Estate					l	Centene		
01295	Centene Corporation	. 00000	46-2860967	.			Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.0	Corporation	[Y	0
1	l						L						Centene		
01295	Centene Corporation	. 00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	[N	0
	L	<b>_</b> .					Louisiana Healthcare		l	Healthy Louisiana Holdings			Centene	]	
01295	Centene Corporation	13970	27 - 1287287				Connections, Inc	LA		LLC	Ownership	100.0	Corporation	JN	0

	•	1 2 1	4		^	7		9	40	44	10	40	44	45	40
1	2	3	4	5	6	/ Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
0		NAIC	ID.	F		Publicly	Names of	D	to	Bissell Controlled	Management,	Ownership	1.00	Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide	Ultimate Controlling Entity(ies)/Person(s)	Required?	*
Code	Gloup Name	Code	Nullibel	NOOD	CIK	international)	Of Allillates	Location	Littly	(Name of Entity/Ferson)	inituerice, Other)	Fercentage	Centene	(1/14)	
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	IA	Centene Corporation	Ownership	100.0		l N	0
	'						, and the second			'	,		Centene		
01295	Centene Corporation	14053	27-2186150				IlliniCare Health_Plan, Inc	IL	I A	Centene Corporation	Ownership	100.0		N	0
04205	Contone Corneration	00000	46-2860967				Health Plan Real Estate	MO	NIA	 	Ownership	5.0	Centene		0
01295	Centene Corporation	00000	40-2000907				Holding, Inc	JVIU	N I A		Ownership	J	Corporation Centene	<sup> </sup>	
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Corporation	l N	0
	'	l							]	'	· '		Centene		
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	I A	Sunshine Health Holding LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	56-2384404				Access Health Solutions LLC	FL	NIA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	l M	0
01295	Cerrene corporation	00000	30-2304404				Kentucky Spirit Health Plan,		N I A	Sunsitifie hearth hording LLC	. Ownership	100.0	Centene	IN	
01295	Centene Corporation	14100	45-1294925				Inc	KY	I A	Centene Corporation.	Ownership.	100.0		И	0
	•	İ								'	'		Centene		
01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holding, Inc	MO	NIA	Centene Corporation	Ownership	95.0	Corporation	N	0
01205	Contana Corneration	14218	45-2798041				   Home State Health Plan, Inc	MO	I IA	Hoolthy Missouri Holding Inc	Ownership	100.0	Centene	l M	0
01295	Centene Corporation	14210	43-2790041	-			Health Plan Real Estate	JVIU	I A	Healthy Missouri Holding, Inc.	ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	46-2860967				Holding, Inc	MO	NIA	Home State Health Plan, Inc	Ownership	5.0		Υ	0
	·	i i					Sunflower State Health Plan,				İ '		Centene		
01295	Centene Corporation	14345	45-3276702				Inc	KS	I A	Centene Corporation	Ownership	100.0		N	0
01295	Centene Corporation	14226	45-4792498				  Granite State Health Plan, Inc	NH	l IA	Centene Corporation	Ownership.	100.0	Centene Corporation	N	0
01295	Centene corporation	14220	43-4732430				California Health and Wellness			Centene Corporation	Ownership	100.0	Centene	J	
01295	Centene Corporation	00000	46-0907261				Plan	CA	NIA	Centene Corporation	Ownership	100.0		N	0
		İ İ					<u> </u>						Centene		
01295	Centene Corporation	10769	30-0312489				Michigan Complete Health, Inc	MI	I A	Centene Corporation	Ownership	100.0		N	0
01295	Centene Corporation	00000	45-5583511				Western Sky Community Care,	NM	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	l N	٥
01230	Contone Corporation	00000	40-0000011				1110			Contone corporation	0 #1101 3111 p		Centene		
01295	Centene Corporation	16143	20-4761189				SilverSummit Healthplan, Inc	NV		Centene Corporation	Ownership	100.0	Corporation	N	0
0.4005			00 0400000					0.0				400.0	Centene		
01295	Centene Corporation	00000	20-0483299				Agate Resources, Inc Trillium Community Health Plan,	0R	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	12559	42-1694349				The	0R	I A	Agate Resources. Inc	Ownership	100.0		l N	0
01200	contone corporation	i i					1110			""	0 11101 0111 p		Centene	1	
01295	Centene Corporation	00000	26-4475075				Agate Properties, LLC	OR	NIA	Agate Resources, Inc	Ownership	100.0		N	0
04005	01	45000	47 5400000				Nebasala Tatal Cana da	NE NE		04	0	400.0	Centene		
01295	Centene Corporation	15902	47 - 5123293				Nebraska Total Care, Inc Pennsylvania Health & Wellness,	JNE	I A	Centene Corporation	Ownership	100.0	Corporation Centene	<sup>N</sup>	
01295	Centene Corporation	16041	47 - 5340613				Inc.	PA	IA	Centene Corporation	Ownership	100.0	Corporation	l N	0
							Superior HealthPlan Community						Centene		
01295	Centene Corporation	15912	47 - 5664832				Solutions, Inc	TX	I A	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Centene Corporation.	15927	47-5667095				Sunshine Health Community	FL	IA	Centene Corporation	Ownership	100.0	Centene		
U 1290	Contene corporation	10821	47 -0007090				Solutions, Inc   Buckeye Health Plan Community	, L		Contene Corporation	Owner Simp	100.0	Corporation Centene	<sup>N</sup>	
01295	Centene Corporation	16112	47 - 5664342	.]			Solutions, Inc	0H	I A	Centene Corporation	Ownership	100.0	Corporat ion	]N	0

The Control   Control									•	1				1		
Processor   Comparison   Comp	1	2	3	4	5	6		8	9	10	11		13	14	15	16
Public   Progress   Corporation   Corporat										Relationship			If Control is		Is an SCA	
Column   C			NAIC					Names of								
Output   Contract Corporation   1610   81-128251   Missess Real in & Misses   Mise																
Standard Corporation   16103   81-1282251   Health Flags, Inc.   JR   M. Carloss Corporation   00000   82-800238   Carporation   16103   Carporation   1	Code	Group Name	Code	Number	RSSD	CIK	International)		Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage		(Y/N)	*
Distance Corporation	01205	Contana Corneration	16120	01 1202251					A.D.	1.4	Contona Corneration	Ownership	100.0		I	
Compared from   Compared fro	01295	Lentene corporation	10130	01-1202231					Ar	I A		ownership	100.0			
Ordered Corporation	01295	Centene Corporation	00000	38-4042368					DF	NIA		Ownership	49.0		l N	0
October   Octo		,									Arkansas Total Care Holding					
Cartere Corporation	01295	Centene Corporation	16256	82-2649097				Arkansas Total Care, Inc	AR	A	Company, LLC	Ownership	100.0		N .	0
Octation   Composition   Com	0.4005			04 0700040				l	25						ll	
Cartere Corporation	01295	Centene Corporation	00000	81-2/88043				Healthy Oklahoma Holdings, Inc.	DE	NIA		Ownership	100.0		N -	0
Centere Corporation	01295	Centene Cornoration	00000	81-3121527				Oklahoma Complete Health Inc	0K	NIA		Ownershin	100.0		l N	0
0.000	01200	our conditions						okranoma comprete nearth me			1110	0 11101 0111 p			1	
0.0000	01295	Centene Corporation	00000	20-4980875					DE			Ownership	100.0	Corporation	N .	0
Ot295	0.4005										Bridgeway Health Solutions,				ll	
Order	01295	Centene Corporation	00000	20-4980818				Arizona Inc	AZ	NIA	LLC	Ownership	100.0		N -	0
Contene Corporation   80799   06-0641618   Celtic Insurance Company   IL   IA   Celtic Group, Inc.   Ownership   100   Corporation   N   0	01295	Centene Cornoration	00000	36-2979209				Celtic Group Inc	DE	NIA	Centene Corporation	Ownershin	100 0		l N	٥
Centence Corporation	0 1200	Contone derperation	00000	00 2010200				1 001110 010up, 1110	DL		Contone corporation	0 #1101 0111 p			1'\	
Oracle	01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	I A	Celtic Group, Inc	Ownership	100.0	Corporation	N	0
Order   Composition   Compos											l	<b>.</b>				
01295	01295	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc	MS	I A	Celtic Insurance Company	Ownership	100.0		N .	0
October   Center   Corporation   October   Center   Corporation   October   Center   Corporation   October   Center   Corporation   October   Center   Center   Corporation   October   Center	01205	Centene Cornoration	15720	36-4802632				Ambetter of Peach State Inc	GΛ	1.4	Caltic Insurance Company	Ownerchin	100.0		l N	0
01295   Centene Corporation   00000   27-2221367   Novasys Health, Inc.   DE   NIA   Celtic Group, Inc.   Ownership   100.0   Corporation   N   0   Celticare Health Plan of   Celtic	01233	Centene Corporation	10120	. 30-4002032				Aniibettei oi reach state mc	Un		l	0 WITE 1 3111 P	100.0			
Centene Corporation	01295	Centene Corporation	00000	27-2221367				Novasys Health, Inc	DE	NIA	Celtic Group, Inc	Ownership	100.0		N.	0
Celticare Health Plan of   Celticare Health Plan of   Massachusetts, Inc.   MA   JA   Holdings LLC   Ownership   100.0   Corporation.   N   O   Centene   Octoporation.   N   O   Octoporation.   N   O   Octoporation.   N   O   Octoporation.   Ownership   100.0   Octoporation.   N   O   Octoporation.   N   O   Octoporation.   Ownership   100.0   Octoporation.   N   O   Octoporation.   Ownership   100.0   Ownership   100.0   Ownership			l								L	l		Centene	l .l	
Organization   Content	01295	Centene Corporation	00000	26-4278205					DE	NIA		Ownership	100.0		N .	0
Centene Corporation	01205	Contono Cornoration	12622	26 4919440					МА	1.4		Ownerchin	100.0		l M	0
October   Octo	01295	Centene Corporation	13032	20-4010440				massachusetts, mc	JWA			Ownership	100.0		]	
Centene Corporation   Centene Centene   Centene Corporation   Centene Centene   Centene Centene Corporation   Centene Centene   Centene Centene Centene   Centene Centene   Centene Centene   Centene Centene   Centene Centene   Centene Centene   Centene Centene   Centene Centene   Centene Centene   Centene Centene   Centene Centene   Centene Centene   Centene   Centene Centene   Cent	01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Corporation	l	0
Centence Corporation   Centence Corporation	İ	'												Centene	l l	
Centene Corporation   Centene Corporation   Centene Corporation   Centene Center LLC   DE	01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	LLC	Ownership	100.0		N .	0
Centene Corporation	01205	Centene Cornoration	00000	26-4004682				Centene Center IIC	DE	NIIA	CMC Real Estate Co. IIC	Ownerchin	100.0		l N	0
Centence Corporation   Centence Corporation   Centence Center   LLC.   DE   NIA   CMC Real Estate Co. LLC.   Ownership   100.0   Corporation   N   0   Centence Center   Centence Center   LLC.   DE   NIA   CMC Real Estate Co. LLC.   Ownership   100.0   Corporation   N   0   Centence Center   Centence Center   LLC.   DE   NIA   CMC Real Estate Co. LLC.   Ownership   100.0   Centence Center   Centence Center   Centence Center   LLC.   DE   NIA   CMC Real Estate Co. LLC.   Ownership   100.0   Centence Center   Centence Center   Centence Center   Centence Center   LLC.   DE   NIA   CMC Real Estate Co. LLC.   Ownership   100.0   Centence Center   Centence Center   Centence Center   Centence Center   Centence Center   Centence Center   Centence Center   Centence Center   Centence Center   Centence Center   Centence Center   Centence Center   Center   Centence Center   Center   Center   Centence Center   Center	01295	Centene Corporation	00000	20-4094002				Centene center LLC	DL	NI M	Como Near Estate Co. ELC	ownersinp	100.0		<sup> </sup>	
October   Centence Corporation   October   O	01295	Centene Corporation	00000	82-1816153				Centene Center I, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0		l	0
01295.         Centene Corporation.         00000.         82-3210933.         Centene Center III, LLC.         DE.         NIA.         CMC Real Estate Co. LLC.         Ownership.         100.0         Centene Corporation.         N	İ	'						Í				İ '			i i	
01295.   Centene Corporation.   00000.   82-3210933.   Centene Center III, LLC.   DE.   NIA   CMC Real Estate Co. LLC.   Ownership.   100.0   Corporation.   N   0   Centene Corporation.   00000.   46-4234827.   CMC Hanley, LLC.   M0.   NIA   CMC Real Estate Co. LLC.   Ownership.   100.0   Corporation.   N   0   Centene Corporation.   N	01295	Centene Corporation	00000	47 - 5156015				Centene Center II, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0		N .	0
01295         Centene Corporation.         00000         46-4234827         CMC Hanley, LLC         MO         NIA         CMC Real Estate Co. LLC         Ownership         1000         Centene Corporation         N         .0           01295         Centene Corporation         00000         47-2914561         Forhan, LLC         MO         NIA         CMC Real Estate Co. LLC         Ownership         1000         Corporation         N         .0           01295         Centene Corporation         00000         37-1766939         Hanley-Forsyth, LLC         MO         NIA         CMC Real Estate Co. LLC         Ownership         1000         Centene           Corporation         N         .0         .	01205	Contana Corneration	00000	02 2210022				Contono Contor III IIC	DE	NIIA	CMC Pool Estato Co. II.C	Ownership	100.0		N	0
01295         Centene Corporation         00000         46-4234827         CMC Hanley, LLC         MO         NIA         CMC Real Estate Co. LLC         Ownership         100.0         Corporation         Centene           01295         Centene Corporation         00000         47-2914561         Forhan, LLC         MO         NIA         CMC Real Estate Co. LLC         Ownership         100.0         Corporation         N            01295         Centene Corporation         00000         37-1766939         Hanley-Forsyth, LLC         MO         NIA         CMC Real Estate Co. LLC         Ownership         100.0         Centene           Centene         Corporation         N         N         N         N	01295	Cerreile Corporation	00000	02-3210933				Centene center iii, LLc		NIA	CMC Real Estate CO. LLC	Ownership	100.0		JV -	
01295.         Centene Corporation.         O0000.         47-2914561.         Forhan, LLC.         MO.         NIA.         CMC Real Estate Co. LLC.         Ownership.         100.0         Centene Corporation.         O centene Corporation.         Ownership.         100.0         Centene Corporation.         N         0           01295.         Centene Corporation.         00000.         37-1766939.         Hanley-Forsyth, LLC.         MO.         NIA.         CMC Real Estate Co. LLC.         Ownership.         100.0         Corporation.         N         .0           Centene         Centene         Comporation.         N         .0	01295	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0		l N	0
01295. Centene Corporation. 00000. 37-1766939. Hanley-Forsyth, LLC. MO. NIA. CMC Real Estate Co. LLC. Ownership. 100.0 Centene Corporation. NIA. CMC Real Estate Co. LLC. Ownership. 100.0 Centene		'										İ '		Centene		
01295. Centene Corporation. 00000. 37-1766939. Hanley-Forsyth, LLC. MO. NIA. CMC Real Estate Co. LLC. Ownership. 100.0 Corporation. NIA. Composition. NIA. CMC Real Estate Co. LLC. Ownership. 100.0 Corporation. NIA. CMC Real Estate Co. LLC. Ownership. 100.0 CMC Real Estate Co. LLC. Ownership. 100.0 CMC Real Estate Co. LLC. Ownership. 100.0 CMC Real Estate Co. LLC. Ownership. 100.0 CMC Real Estate Co. LLC. Ownership. 100.0 CMC Real Estate Co. LLC. Ownership. 100.0 CMC Real Estate Co. LLC. Ownership. 100.0 CMC Real Estate Co. LLC. Ownership. 100.0 CMC Real Estate Co. LLC. Ownership. 100.0 CMC Real Estate Co. LLC. Ownership. 100.0 CMC Real Estate Co. LLC. Owners	01295	Centene Corporation	00000	47-2914561				Forhan, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0		[N	0
	04205	Contana Corneration	00000	27 1766020				Hanlay Farayth IIC	MO	NII A	CMC Book Fototo Co. LLC	Ownership	100.0			
	01290	Centene Corporation	00000	31 - 1700939				namey-rorsytti, LLG	JWI∪		CMIC NEAT ESTATE CO. LLC	ownersiiip	100.0		[	
	01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0		]N	0

## 41.3

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage		Is an SCA Filing Required? (Y/N)	*
04205	Centene Corporation	00000	45-4372065			ŕ	Clauton Dranarty Investment IIC	DE	NIA	CDT Assuicition IIC	Ownership	100.0	Centene	, ,	0
01295	Centene corporation		43-43/2003				Clayton Property Investment LLC		NIA	GPT Acquisition LLC	Ownership	100.0	Corporation Centene	IN	U
01295	Centene Corporation	00000 4	46-2794037				LSM Holdco, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
04005	0	00000	40. 0700400				Life-han Manager A Community	A.II.I	NII A	LOW Halder Land	O	400.0	Centene		0
01295	Centene Corporation	00000 4	46-2798132				Lifeshare Management Group, LLC.	NH	NIA	LSM Holdco, Inc	Ownership	100.0	Corporation Centene	. N	0
01295	Centene Corporation	00000	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation.	Ownership.	100.0	Corporat ion	N	0
									]	'	'		Centene		
01295	Centene Corporation	00000 7	74 <b>-</b> 2810404				Centene Company of Texas, LP	ТХ	NIA	CCTX Holdings, LLC	Ownership	1.0		N	0
01295	Centene Corporation	00000 2	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	l N	0
01233	Centene corporation		20-2014211				Centene nordings, LLC			Centene corporation			Centene		
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership	99.0	Corporation	N	0
04005	0	00000	40 4705400				MIO Torred & Observation Loss	wı	NII A	0	O	400.0	Centene		0
01295	Centene Corporation	00000 4	43-1795436				MHS Travel & Charter, Inc	WI	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	. N	0
01295	Centene Corporation	00000 4	46-4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	l N	0
	· ·												Centene		-
01295	Centene Corporation	00000 2	22-3889471				Envolve Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion	. N	0
01295	Centene Corporation	00000 6	68-0461584				Cenpatico Behavioral Health,	CA	NIA	Envolve Holdings, Inc.	Ownership.	100.0	Centene Corporation	l N	0
01293			00-0401304						NIA	Cenpatico Behavioral Health.		100.0	Centene		
01295	Centene Corporation	00000	86-0782736				CBHSP Arizona, Inc	AZ	NIA	LLC	Ownership	100.0	Corporation	N	0
04005	0	00000	47 0505704				0	0.4	NII A	Cenpatico Behavioral Health,	O	400.0	Centene		0
01295	Centene Corporation	00000 4	47 - 2595704				Cenpatico of California, Inc Integrated Mental Health Mgmt.	CA	NIA	Cenpatico Behavioral Health.	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000	74-2892993				LLC	ТХ	NIA	LLC	Ownership	100.0	Corporation	l N	0
	'						Integrated Mental Health			Integrated Mental Health			Centene		
01295	Centene Corporation	00000 7	74 <b>-</b> 2785494				Services	TX	NIA	Mgmt , LLC	Ownership	100.0	Corporat ion		0
01295	Centene Corporation	00000	20-1624120				Cenpatico Behavioral Health of Arizona. LLC	AZ	NIA	Cenpatico Behavioral Health,	Ownership	100.0	Centene Corporation	N	0
01200	Joentone corporation		20-1024120				AT 120Ha, ELO			Cenpatico Behavioral Health		100.0	Centene		
01295	Centene Corporation	00000 8	80-0879942				Cenpatico of Arizona Inc	AZ	NIA	of Arizona, LLC	.Ownership	80.0	Corporation	N	0
04005	0	00000	07 4700505				E L	DE	NII A	For the Helding Lee	O	400.0	Centene		0
01295	Centene Corporation	00000 3	37 - 1788565				Envolve, Inc	DE	NIA	Envolve Holdings, Inc	Ownership	100.0	Corporation Centene	. N	Ω
01295	Centene Corporation	00000	47 - 4545413				LLC	AL	NIA	Envolve, Inc.	Ownership.	100.0	Corporat ion	N	0
	'									<u> </u>	'		Centene		
01295	Centene Corporation	00000 4	47 <b>-</b> 3454898				Envolve - New York, Inc.	NY	NIA	Envolve, Inc	. Ownership	100.0		N	0
01295	Centene Corporation	00000	82-2288767				Community Care of Central   Colorado. LLC	DE	NIA	Envolve. Inc	.Ownership	100.0	Centene Corporation	N	0
01200	'		UL-LLUU1 U1										Centene	IN	
01295	Centene Corporation	00000 (	06 - 1476380				Envolve PeopleCare, Inc	DE	NIA	Envolve Holdings, Inc	Ownership	100.0	Corporation	N	0
04005	Conton Consortion	00000	47 0540744				l inclinatibles the	DE	NII A	Fave lue Base la Care de la	O	100.0	Centene		0
01295	Centene Corporation	00000 4	47 - 2516714	.]			LiveHealthier, Inc	DE	NIA	Envolve PeopleCare, Inc	0wnership		Corporation	.jN	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	_		·		Ů	Name of Securities Exchange if			Relationship		Type of Control (Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	*
Code	Group Name	Code	Number	ROOD	OIIC	international)	Of Affiliates	Location	Littly	(Name of Entity/Ferson)	illiderice, Other)	reicentage	Centene	(1/11)	
01295	Centene Corporation	00000	61-1846191				Envolve Benefits Options, Inc	DE	NIA	Envolve Holdings, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	20-4730341				Envolve Vision Benefits. Inc.	DE	NIA	Envolve Benefit Options, Inc.	Ownerchin	100 0	Centene Corporation	N	0
01293	Centene Corporation	00000	20-47 3034 1				Envolve Captive Insurance	⊅∟		Livorve benefit options, inc.	Owner strip	100.0	Centene	. JN	
01295	Centene Corporation	00000	36-4520004				Company, Inc	SC	NIA	Envolve Benefit Options, Inc.,	Ownership	100.0	Corporation	N	0
04005	C	05000	75 0500450				Francisco Vining of Tours Inc	TX	1.4	Covalua Banafit Ontinas Inc	Owen and h : -	100 0	Centene	l M	
01295	Centene Corporation	95302	75-2592153				Envolve Vision of Texas, Inc	I A	I A	Envolve Benefit Options, Inc.	ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	20-4773088				Envolve Vision, Inc	DE	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Corporation	N	0
04005	C	00000	CE 00047E0				Favelya Visian of Florida Jac	-	ALLA	Covalua Banafit Ontinas Inc	Owen and h : -	100 0	Centene	l M	
01295	Centene Corporation	00000	65-0094759				Envolve Vision of Florida, Inc	FL	NIA	Envolve Benefit Options, Inc.	ownership	100.0	Corporation Centene	.	
01295	Centene Corporation	00000	20-4861241				Envolve Total Vision, Inc	DE	NIA	Envolve Benefit Options, Inc.,	Ownership	100.0		N	0
04005	C	00000	00 4005540				Envolve Vision of New York,	NY	ALLA	Covalua Banafit Ontinas Inc	Owen and h : -	100 0	Centene	l M	
01295	Centene Corporation	00000	06-1635519				I Inc	JN Y	NIA	Envolve Benefit Options, Inc.	ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	46-2783884				Envolve Dental, Inc	DE	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Corporation	N	0
04005		00000	04 0000000									400.0	Centene		
01295	Centene Corporation	00000	81-2969330				Envolve Dental of Florida, Inc	FL	NIA	Envolve Dental, Inc	Ownership	100.0	Corporation Centene	. N	0
01295	Centene Corporation	16106	81-2796896				Envolve Dental of Texas, Inc	TX	I A	Envolve Dental, Inc	Ownership	100.0	Corporation	N	0
04005	0	00000	77 0570500				Envolve Pharmacy Solutions,	DE	ALL A	Facility Heldlers I.	O	400.0	Centene		
01295	Centene Corporation	00000	77 - 0578529				Inc	DE	NIA	Envolve Holdings, Inc Envolve Pharmacy Solutions,	Ownership	100.0	Corporation Centene	. N	0
01295	Centene Corporation	00000	76-0511700				LBB Industries, Inc	TX	NIA	Inc.	Ownership	100.0	Corporation	N	0
0.4005			75 0040075				Lav a			Envolve Pharmacy Solutions,			Centene	l ,]	
01295	Centene Corporation	00000	75-2612875				RX Direct, Inc	TX	NIA	Envolve Pharmacy Solutions,	Ownership	100.0	Corporation Centene	. N	0
01295	Centene Corporation	00000	46-2307356				Envolve Pharmacy IPA, LLC	NY	NIA	Inc	Ownership	100.0	Corporation	N	0
04005		00000	00 000000					DE				400.0	Centene	,	
01295	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	N	0
01295	Centene Corporation	00000					Casenet S.R.O.	CZE	NIA	Casenet LLC	Ownership	100.0	Corporation	N	0
0.4005			04 4450707					25					Centene	l ,]	
01295	Centene Corporation	00000	61-1450727				Centurion Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	. N	0
01295	Centene Corporation	00000	90-0766502				Centurion LLC.	DE	NIA	Centurion Group, Inc	Ownership	51.0	Corporation	N	0
0.4005	<u> </u>		0.4.400005.4										Centene	l ,]	
01295	Centene Corporation	00000	81-4228054				Centurion of Arizona, LLC	AZ	NIA	Centurion LLC	Ownership	100.0	Corporation Centene	. N	0
01295	Centene Corporation	00000	47 - 1686283				Centurion of Vermont, LLC	VT	NIA	Centurion LLC.	Ownership	100.0		N	0
	'						L				'		Centene	]	
01295	Centene Corporation	00000	47-2967381				Centurion of Mississippi, LLC	MS	NIA	Centurion LLC	Ownership	100.0	Corporation Centene	. N	0
01295	Centene Corporation	00000	30-0752651				Centurion of Tennessee, LLC	TN	NIA	Centurion LLC.	Ownership	100.0	Corporation	N	0
	'						Massachusetts Partnership for				'		Centene		
01295	Centene Corporation	00000	61-1696004	.			Correctional Healthcare, LLC	MA	NIA	Centurion LLC	Ownership	100.0	Corporation	.[N	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'			7	3	O	Name of	0	9	10	11	Type of Control	13	14	'5	10
						Securities Exchange if			Relationship		(Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Ý/N)	*
0.4005													Centene	ا ا	
01295	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC Centurion Correctional	MN	NIA	Centurion LLC	Ownership	100.0		N	0
01295	Centene Corporation	00000	81-1161492				Healthcare of New Mexico. LLC	NM	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	l N	١
01200	dentend corporation	00000	01 1101402				Thourthours of Now moxino, ELO		1	Containon EEG	0 #1101 0111 p	100.0	Centene		
01295	Centene Corporation	00000	81-0687470				Centurion of Florida, LLC	FL	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
<b>-</b>		l l					<u> </u>				l		Centene	ll	
01295	Centene Corporation	00000	81-3007264				Centurion of Illinois, LLC	IL	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	81-4938030				Centurion of Maryland, LLC	MD	NIA	Centurion LLC	Ownership_	100 0	Centene Corporation	l N	١
01200	dentend corporation	00000	01 4000000				Octivation of mary tana, E20		1	Containon EEG	0 #1101 0111 p	100.0	Centene		
01295	Centene Corporation	00000	81-5429405				Centurion of Philadelphia, LLC	PA	NIA	Centurion LLC	Ownership	100.0	Corporation	N	0
		l l					Specialty Therapeutic Care						Centene	ll	
01295	Centene Corporation	00000	27 <b>-</b> 3617766				Holdings, LLC	DE	NIA	Centene Corporation	.Ownership	100.0		N	0
01295	Centene Corporation	00000	73-1698808				  Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care	Ownership.	100 0	Centene Corporation	l N	١
01200	dentend corporation	00000	70 1000000				Specialty Therapeutic Care, GP,		1	Specialty Therapeutic Care	0 #1101 0111 p		Centene		
01295	Centene Corporation	00000	73-1698807				LLC	TX	NIA	Holdinas. LLC.	Ownership	100.0	Corporation	N	0
										Specialty Therapeutic Care,			Centene		
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	GP, LLC.	.Ownership	0.0		N	0
01295	Centene Corporation	00000	26-2624521				Specialty Therapeutic Care  West. LLC	TX	NIA	Specialty Therapeutic Care,	Ownership.	100.0	Centene Corporation	l M	0
01233	Contene Corporation	00000	20-2024321				1631, LL0	I /\		Specialty Therapeutic Care	. Owner sirrp	100.0	Centene	J	
01295	Centene Corporation	00000	80-0856383				AcariaHealth Solutions, Inc	DE	NIA	Holdings, LLC	Ownership	100.0		N	0
		l l					l			Specialty Therapeutic Care	l		Centene	l .l	
01295	Centene Corporation	00000	45 <b>-</b> 2780334				AcariaHealth, Inc	DE	NIA	Holdings, LLC	Ownership	100.0		N	0
01295	Centene Corporation	00000	27 - 1599047				  AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	l N	٥
01200	Contone Corporation	00000	21 - 1000041				Note   Tallocal till   Tilatillacy #14, Tilo	Un		Acarrancartii, iiic	. Owner Sirrp		Centene		
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation	N	0
0.4005		00000	07.0705404					NIV/		l		400.0	Centene		
01295	Centene Corporation	00000	27 <b>-</b> 2765424				AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc	.Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth. Inc.	Ownership	100.0		l N	0
0.1200	00.10.00								1				Centene		
01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0		N	0
04005	0	00000	07 0707000						NII A	Access allowed the control	O	400.0	Centene		
01295	Centene Corporation	00000	27-3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation Centene	]N	
01295	Centene Corporation	00000	20-8235695				New York Rx. Inc.	NY	NIA	AcariaHealth. Inc.	Ownership	100.0		l N	0
									1		1		Centene		
01295	Centene Corporation	00000	20-0873587				Foundation Care, LLC	MO	NIA	AcariaHealth, Inc	Ownership	80.0		N	
01205	Contone Corneration	00000	27 0275644				U.S. Medical Management	DE	NII A	Contona Corneration	Ownership	100.0	Centene		
01295	Centene Corporation	00000	27-0275614				Holdings, Inc	)DE	NIA	Centene CorporationU.S. Medical Management	Ownership	100.0	Corporation Centene	N	
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Holdings, Inc	Ownership	20.0		N	0
	'								]		'		Centene		
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership	0.08	Corporation	N	0

Name of   Code   Crop Name   Code   Crop Name   Code   Crop Name   Code   Crop Name   Code   Crop Name   Code   Crop Name   Code   Crop Name   Code   Crop Name   Crop Name   Code   Crop Name   Cro	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Comparison   Com	·	_		·			Securities	g 				Type of Control (Ownership,				10
Group   Group Name			NAIC					Names of								
Dig			Company				Traded (U.S. or					Attorney-in-Fact,	Provide		Required?	
Orzeon   Contract Corporation   Contract Co	Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage		(Y/N)	*
Description   Contract Inc.	01295	Centene Corporation	00000	31-1733889				RMED, LLC	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	N	0
Description   Content Corporation   Conten	01295	Centene Corporation	00000	47 - 2138680				IAH of Florida, LLC	FL	NIA	RMED, LLC	Ownership	100.0	Corporation	N	0
Description   Content Corporation   Conten	01295	Centene Corporation	00000	51-0581762				Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	N	0
0.1256   Dantene Corporation   0.0000   20-1530070   Confort Rispice of Teas LLC   NI   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Confort Register of Teas LLC   NI   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Confort Register of San Antonio,   NIA   U.S. Redical Management, LLC   Ownership   100   Co	01295	Centene Corporation	00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	N	0
Organization   Orga	01295	Centene Corporation	00000	20-1530070				ComfortBrook Hospice, LLC	0H.	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	N	0
0.000   20-282/526   LLC	01295	Centene Corporation	00000	20-4996551				Comfort Hospice of Texas, LLC Grace Hospice of San Antonio.	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	N	0
Oracle   O	01295	·	İ					LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	N	0
Centene Corporation   00000   45-5080637   Grace Hospice of Virginia, LLC   MI   NIA.   U.S. Medical Management, LLC   Ownership.   100.0   Corporation   N   Corporation	01295	Centene Corporation						LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		N	0
Centene Corporation	01295							Grace Hospice of Indiana, LLC	MI	NIA	1	,	100.0		N	0
Original   Original			i i					Grace Hospice of Virginia, LLC Comfort Hospice of Missouri,				, i		Centene	N	0
Centene Corporation		'	i i					LLC						Centene	N	0
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Centene Corporation. 00000 46-0861469 Pinnacle Senior Care of Missouri, LLC. MI NIA U.S. Medical Management, LLC. Ownership. 100.0 Corporation. N Centene Corporation. 00000 03-0556422 Centene Corporation. 00000 14-1878333. Phoenix Home Health Care, LLC. DE NIA U.S. Medical Management, LLC. Ownership. 100.0 Corporation. N Centene Corporation. 00000 75-2635025 Traditional Home Health Services, LLC. TX NIA U.S. Medical Management, LLC. Ownership. 100.0 Corporation. N Centene Corporation. 00000 38-2751108. Family Nurse Care, LLC. MI NIA U.S. Medical Management, LLC. Ownership. 100.0 Corporation. N Centene Corporation. 00000 20-5108540. Family Nurse Care II, LLC. MI NIA U.S. Medical Management, LLC. Ownership. 100.0 Corporation. N Centene Corporation. 00000 20-3920947. Family Nurse Care of Ohio, LLC. MI NIA U.S. Medical Management, LLC. Ownership. 100.0 Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. Ownership. 100.0 Corporation. N Centene Corporation. Ownership. 100.0 Corporation. N Centene Corporation. Ownership. 100.0 Corporation. N Centene Corporation. Ownership. 100.0 Corporation. N Centene Corporation. Ownership. 100.0 Corporation. N Centene Corporation. Ownership. 100.0 Corporation. N Centene Corporation. Ownership. 100.0 Corporation. N Centene Corporation. Ownership. 100.0 Corporation. N Centene Corporation. Ownership. 100.0 Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. Ownership. 100.0 Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation		'	i i					,				, i		Centene	N	0
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Centene Corporation. 00000. 75-2635025.								, ,				,		Centene	NI	
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01295 Centene Corporation 00000 46-4229858 Pinnacle Senior Care of Wisconsin, LLC WINIA U.S. Medical Management, LLC. Ownership 100.0 Centene Corporation		· ·										· ·		Centene	NI	 N
Pinnacle Senior Care of Centene		· ·	İ					Pinnacle Senior Care of						Centene	NI.	ر ا ۱
TUTZO DEGLE COLDICATION TO TOUR TO TOUR TOUR TOUR TOUR TOUR TOU	01295	Centene Corporation		81-1565426					M I		U.S. Medical Management, LLC			Centene	NI	n l

Name of Sequence   S			_													
	1	2	3	4	5	6		8	9	10	11		13	14	15	16
Group   Code										Relationship		Board,				
Content Corporation   Content Corporation					1										1	
		Croup Nama				CIK										*
Display   Disp	Code	Group Name	Code	Number	KSSD	CIK	international)	or Amiliates	Location	Entity	(Name of Entity/Person)	influence, Other)	Percentage		(Y/N)	
	01295	Centene Corporation	00000	76-0713516					TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporat ion	N	0
101256   Centere Corporation   00000   47-1742728   LLC   NI   NIA   U.S. Medical Nanagement, LLC   Conversitip   100.0   Corporation   NI   Centere Corporation   00000   47-1742788   Nispice DIE Company, LLC   NI   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice DIE Company, LLC   Nispice Die Company	01295	Centene Corporation	00000	59-3519060				Inc	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporat ion	N	0
	01295	Centene Corporation	00000	47 - 1742728					MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporat ion		0
10/256   Centene Corporation   00000   20-48/476   Repiratory Services, LIC   DE   NIA   U.S. Medical Management, LIC   Contens   No. 07/256   Centene Corporation   00000   46-57/30593   U.S. Medical Management, LIC   Company   100.0   Corporation   No. 07/256   Centene Corporation   00000   46-57/3593   U.S. Medical Management, LIC   Company   100.0   Corporation   No. 07/256   Centene Corporation   00000   46-57/3593   U.S. Medical Management, LIC   Company   100.0   Corporation   No. 07/256   Centene Corporation   00000   46-57/3593   U.S. Medical Management, LIC   Company   100.0   Corporation   No. 07/256   Centene Corporation   00000   46-57/35/38   U.S. Medical Management, LIC   Company   100.0   Corporation   No. 07/256   Centene Corporation   00000   45-415/48   U.S. Medical Management, LIC   Company   100.0   Corporation   No. 07/256   Centene Corporation   00000   45-415/490   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   Centene Corporation   00000   45-415/490   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   Centene Corporation   00000   45-415/490   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corporation   No. 07/256   U.S. Medical Management, LIC   Omership   100.0   Corpor	01295	Centene Corporation	00000	46-1734288				Hospice DME Company, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporat ion		0
Content   Corporation   Composition   Comp	01295	Centene Corporation	00000	20-4364776					DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporat ion	N	0
10.25	01295	Centene Corporation	00000	46-5730959					DE	NIA	U.S. Medical Management, LLC	Ownership	100.0		l	0
Centere Corporation	01295	Centene Corporation	00000	46-5735993					DF	NIA	III.S. Medical Management II.C.	Ownership	100.0		l N	0
Disparsion   Content   C		' I						USMM Accountable Care	]			'		Centene	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0
Centene Corporation		·						,		]		'		Centene		U
O1295	01295	Centene Corporation	00000	45-4165480				USMM ACO, LLC	M1	NIA	U.S. Medical Management, LLC	Ownership	100.0		N .	0
Octobe   Centence Corporation   Corporation   Corporation   Corporation   No.	01295	Centene Corporation	00000	45-4157180				USMM ACO Florida, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporat ion		0
Centence Corporation	01295	Centene Corporation	00000	45-4154905				USMM ACO North Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporat ion	N	0
October   Comparison   Compar	01295	Centene Corporation	00000	47 - 5208076				Health Net, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion	N	0
O1295 Centene Corporation. 66141 73-0654885 Company. CA IA Inc. Ownership. 100.0 Corporation. Note the Company. CYM. NIA Inc. Ownership. 100.0 Corporation. Note the Corporation. O0000 98-0409907 Company. CYM. NIA Inc. Ownership. 100.0 Corporation. Note the Corporation. O0000 54-2174069 Estate Holdings, Inc. Estate Holdings, Inc. CA. NIA Inc. Ownership. 100.0 Corporation. Note the Corporation. O0000 95-4117722 Managed Health Network, LLC. DE. NIA Health Net, Inc. Ownership. 100.0 Corporation. Note the Corporation. O0000 95-3817988. Managed Health Network. CA. NIA Managed Health Network, LLC. Ownership. 100.0 Corporation. Note the Corporation. O0000 95-4146179 MrN Services, LLC. CA. NIA Managed Health Network, LLC. Ownership. 100.0 Corporation. Note the Corporation. O0000 95-4146179 MrN Services, LLC. CA. NIA Managed Health Network, LLC. Ownership. 100.0 Corporation. Note the Corporation. O0000 95-4146179 MrN Services, LLC. CA. NIA Managed Health Network, LLC. Ownership. 100.0 Corporation. Note the Corporation. O0000 68-0214809 LLC. DE. NIA Health Net Federal Services, LLC. DE. NIA Health Net Federal Services. Corporation. Note the Corporation. Note	01295	Centene Corporation	00000	95-4402957					CA	NIA		Ownership	100.0	Corporat ion	N	0
Centene Corporation   Centene Corporation   Centene Corporation   Centene Corporation   Corporation   Centene Corporation   Centen	01295	Centene Corporation	66141	73-0654885					CA	I A		Ownership	100.0		lN.	0
Health Net of California Real   Estate Holdings, Inc.   Can   Inc.   Ownership   100.0   Centene Corporation   Ownership   100.0   Corporation   Nanaged Health Network, LLC.   DE   NIA   Health Network, LLC.   Ownership   100.0   Corporation   Nanaged Health Network	01295	·							CYM	NIA	,	Ownershin	100.0	Centene Corporation		١
Centene Corporation 00000 95-4117722 Managed Health Network, LLC. DE NIA Health Net, Inc. Ownership 100.0 Corporation. N Centene Corporation. 00000 95-3817988. Managed Health Network CA NIA Managed Health Network, LLC. Ownership 100.0 Corporation. N Centene Corporation. 00000 95-4146179. MHN Services, LLC. CA NIA Managed Health Network, LLC. Ownership 100.0 Corporation. N Centene Corporation. N Centene Corporation. O0000 68-0214809. LLC. DE NIA Health Net, Inc. Ownership 100.0 Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. O0000 42-1680916. MHN Government Services LLC. DE NIA LLC. Ownership 100.0 Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. O0000 42-1680916. MHN Government Services LLC. DE NIA LLC. Ownership 100.0 Corporation. N Centene Centene Centene Corporation. N Centene								Health Net of California Real			Health Net of California,			Centene	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0
Centene Corporation. 00000. 95-3817988. 00000. 95-3817988. 00000. 95-4146179. 01295. Centene Corporation. 00000. 95-4146179. 01295. Centene Corporation. 00000. 68-0214809. 01295. Centene Corporation. 00000. 42-1680916. 01295. Centene Corporation. 00000. 51-0589404. 01295. Centene Corporation. 00000. 51-0589404. 00000. 51-0589404. 00000. 51-0589404. 00000. 51-0589404. 00000. 51-0589404. 000000		'										,		Centene		
Centene Corporation 00000 95-4146179 MHN Services, LLC CA NIA Managed Health Network, LLC Ownership 100.0 Centene Corporation 00000 68-0214809 LLC DE NIA Health Net Federal Services, LLC DE NIA Health Net Federal Services, Centene Corporation 00000 42-1680916 00000 51-0589404 MHN Government Services, Inc. DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN Government Services LLC Ownership 100.0 Centene Corporation NETWORK DE NIA MHN GOVERNMENT DE NIA MHN GOVERN	01295	Centene Corporation	00000	95-4117722				.Managed Health Network, LLC I	)DE	NIA	Health Net, Inc	Ownership	100.0		N	0
O1295. Centene Corporation. O0000. 95-4146179. MHN Services, LLC. CA .NIA. Managed Health Network, LLC. Ownership. 100.0 Corporation. N Health Net Federal Services, LLC. DE .NIA. Health Net Federal Services, Ownership. 100.0 Corporation. N Health Net Federal Services, LLC. DE .NIA. LLC. Ownership. 100.0 Corporation. N Centene Corporation. N Centene Corporation. N Centene Corporation. O0000. 42-1680916. MHN Government Services LLC. DE .NIA. MHN Government Services LLC. Ownership. 100.0 Corporation. N Centene Corporation. N Centene Corporation. N MHN Global Services, Inc. DE .NIA. MHN Government Services LLC. Ownership. 100.0 Corporation. N Centene Corporation. N Centene Corporation. N MHN Government Services LLC. Ownership. 100.0 Corporation. N Centene Corporation. N MHN Global Services, Inc. DE .NIA. MHN Government Services LLC. Ownership. 100.0 Corporation. N Centene Corporation. N MHN Government Services. N MHN Government Services.	01295	Centene Corporation	00000	95-3817988				Managed Health Network	CA	NIA	Managed Health Network, LLC	Ownership	100.0		N	0
01295. Centene Corporation. 00000. 68-0214809. LLC. DE NIA. Health Net, Inc. Ownership. 100.0 Corporation. N Health Net Federal Services, LLC. DE NIA. Health Net Federal Services, Centene Corporation. 00000. 42-1680916. MHN Government Services, Inc. DE NIA. MHN Government Services LLC. Ownership. 100.0 Corporation. N Centene Corporation. N MHN Government Services, Inc. DE NIA. MHN Government Services LLC. Ownership. 100.0 Corporation. N Centene Corporation. N MHN Government Services. N MHN Government Services. N MHN Government Services.	01295	Centene Corporation	00000	95-4146179					CA	NIA	Managed Health Network, LLC	Ownership	100.0	Corporat ion	N	0
01295 Centene Corporation	01295	Centene Corporation	00000	68-0214809					DE			Ownership	100.0	Corporat ion	N	0
01295 Centene Corporation	01295	Centene Corporation	00000	42-1680916				MHN Government Services LLC	DE	NIA	LLC	Ownership	100.0	Corporat ion		0
	01295	Centene Corporation	00000	51-0589404					DE	NIA	MHN Government Services LLC	Ownership	100.0	Corporat ion	N	0
	01295	Centene Corporation	00000	80-0852000				Belgium, Inc	DE	NIA	MHN Government Services LLC	Ownership	100.0	Corporat ion	N	
MHN Government Services- 01295 Centene Corporation	01295	Centene Corporation	00000	90-0889816					DE	NIA	MHN Government Services LLC	Ownership	100.0		N N	

1	2								4.0						4.0
	_	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
1						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Ý/N)	*
							MHN Government Services-						Centene		
01295 Ce	Centene Corporation	. 00000	80-0852008				Germany, Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0		N	0
							MHN Government Services-Guam,	25					Centene	ll	
01295Ce	Centene Corporation	00000	90-0889803				Inc.	DE	NIA	MHN Government Services LLC	Ownership	100.0		N	0
01295Ce	Centene Corporation	00000	90-0889825				MHN Government Services- International, Inc	DE	NIA	MHN Government Services LLC	Ownorobin	100.0	Centene		0
01293	centene corporation	. 00000	90-0009025				MHN Government Services-Italy.		NTA	WITH GOVERNMENT SERVICES LLC	. Ownersinp	100.0	Corporation Centene	N	u
01295 Ce	Centene Corporation	00000	80-0852019				Inc.	DE	NIA	MHN Government Services LLC	Ownershin	100.0	Corporation	l N	0
0 1200	ontono corporation		00 0002010				MHN Government Services-Japan.		1	THE TOTAL CONTINUENT CONTINUENT	. о што тогтр	1	Centene	1	
01295 Ce	Centene Corporation	00000	46 - 1038058	l			Inc.	DE.	NIA	MHN Government Services LLC	Ownership	100.0	Corporation	NN	0
	·						MHN Government Services-Puerto						Centene		
01295 Ce	Centene Corporation	00000	90-0889815				Rico, Inc	DE	NIA	MHN Government Services LLC	Ownership	100.0		N	0
.							MHN Government Services-Turkey,			l			Centene	ll	
01295 Ce	Centene Corporation	00000	90-0889824				Inc	DE	NIA	MHN Government Services LLC	Ownership	100.0		N	0
01295 Ce	Centene Corporation	00000	90-0889833				MHN Government Services-United Kingdom. Inc.	DE	NIA	MHN Government Services LLC	Ownorobin	100.0	Centene Corporation		0
01293	centene corporation		90-0009033				Kingdom, inc	⊅⊑	NIA	with Government Services LLC	Ownership	100.0	Centene		U
01295 Ce	Centene Corporation	00000	88-0357895				Network Providers. LLC	DE	NIA	MHN Government Services LLC	Ownership	10.0		l M	0
01233	scritche corporation	00000	00-0007000				Health Net Preferred Providers.			Health Net Federal Services.	0 #1101 3111 p	1	Centene		
01295Ce	Centene Corporation	00000	61-1388903				LLC	DE	NIA	LLC	Ownership	100.0		l	0
i i	•									Health Net Federal Services,	İ '		Centene	i i	
01295 Ce	Centene Corporation	00000	35-2490375				Health Net Veterans, LLC	DE	NIA	LLC	Ownership	100.0		N	0
.							l <u>.</u>			Health Net Federal Services,		l	Centene	ll	
01295Ce	Centene Corporation	00000	88 <b>-</b> 0357895				Network Providers, LLC	DE	NIA	LLC	Ownership	90.0	Corporation	N	0
01295 Ce	Centene Corporation	00000	06-1116976				Health Net of the Northeast,	DE	NIA	Network Providers, LLC	Ownership.	25.0	Centene Corporation	l M	0
01293	sentene corporation		00-11109/0				LLO		]NIA	Health Net Federal Services.	Owner sirry	23.0	Centene		
01295Ce	Centene Corporation	00000					North Region Providers, LLC	DF	NIA	LLC.	Ownership	100.0		l N	0
1	, o						Health Net of the Northeast,		1				Centene		
01295 Ce	Centene Corporation	00000	06-1116976				LLC	DE	NIA	Health Net, Inc	Ownership		Corporation	N	0
													Centene		
01295 Ce	Centene Corporation	00000	84-1175468	.			QualMed, Inc	DE	NIA	Health Net, Inc	Ownership	100.0		N	0
04205	Santana Cananatian	00000	84-0975985				QualMed Plans for Health of	CO	NIA	Our I Mark Land	O	100 0	Centene	ا ا	0
01295 Ce	Centene Corporation	00000	04-09/0900				Colorado, Inc  Health Net Health Plan of		NIA	QualMed, Inc	Ownership	100.0	Corporation Centene	<sup>IN</sup>	
01295 Ce	Centene Corporation	95800	93-1004034				Oregon. Inc	0R	IA	QualMed. Inc	Ownership	100.0		l M	٥
0 1233	scritche corporation	33000	33-100-03				HSI Advantage Health Holdings,		1	Quarmou, The	0 milor 3111 p	1	Centene		
01295 Ce	Centene Corporation	00000	23-2867299				Inc.	DE	NIA	Health Net. Inc.	Ownership.	100.0	Corporation	l N	0
							QualMed Plans for Health of		1	HSI Advantage Health			Centene		
01295 Ce	Centene Corporation	00000	23-2867300				Western Pennsylvania, Inc	PA	NIA	Holdings, Inc	Ownership	100.0		N	0
1							Pennsylvania Health Care Plan,			HSI Advantage Health			Centene		
01295Ce	Centene Corporation	00000	25 <b>-</b> 1516632				Inc	PA	NIA	Holdings, Inc	Ownership	100.0	Corporation	N	0
01205	Contone Corneration	1,00000	04 2027022				  Health Net Services Inc.	DE	NIA	Health Net. Inc.	Ownership	100.0	Centene	,	_
01295 Ce	Centene Corporation	00000	94-3037822				Health Net Services Inc Health Net Community Solutions,		A I NI	nearth Net, Inc	Ownership	100.0	Corporation Centene	N	
01295 Ce	Centene Corporation.	00000	54-2174068				The arth Net Community Sofutions,	CA	NIA	Health Net. Inc.	Ownership	100.0		l N	n
0.200	Jones dorporation		0.1 211 4000						1	Tiour til Not, Illo	0		Centene		
01295 Ce	Centene Corporation	95206	36-3097810				Health Net of Arizona. Inc	AZ	I A	Health Net, Inc	Ownership	100.0	Corporat ion	l	0

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management.	If Control is Ownership		Is an SCA Filing	
Group		Company	, ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01295	Centene Corporation	00000	54-2153100				Health Net One Payment Services, Inc.	DE	NIA	Health Net, Inc.	Ownership	100 0	Centene Corporation	l N	0
	'		2.00.00				,			,	,		Centene		
01295	Centene Corporation	00000					Health Net of Pennsylvania, LLC.	PA	NIA	Health Net, Inc	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	23-2456130				QualMed Plans for Health of Pennsylvania, Inc	PA	NIA	Health Net, Inc	Ownership	100.0	Centene Corporation	N	0
01293	Certiene Corporation	00000	. 23-2400 130				Tremisyrvania, mc	FA	NIA	nearth wet, mc	Ownersinp	100.0	Centene	.	
01295	Centene Corporation	00000	68-0390434				FH Surgery Limited, Inc	CA	NIA	Health Net, Inc	Ownership	100.0	Corporation	N	0
							Foundation Health Facilities,		l	l., .,, ., .		400.0	Centene	l	
01295	Centene Corporation	00000	. 68-0390438				Inc	CA	NIA	Health Net, Inc	Ownership	100.0	Corporation Centene	. N	0
01295	Centene Corporation	00000	98-0150604				FH Assurance Company	CYM	N I A	Health Net, Inc	Ownership	100 0	Corporation	N	0
0 1200	00110110 001 por action	00000					Health Net Pharmaceutical		1	Thourst Hot, Thousand	0 11101 0111 p		Centene		
01295	Centene Corporation	00000	. 68-0295375				Services	CA	NIA	Health Net, Inc	Ownership	100.0	Corporation	N	0
04205	Contona Corneration	00000	86-0660443				Health Net of Arizona Administrative Services, Inc	AZ	NIA	Health Net, Inc	Ownership	100.0	Centene	NI NI	0
01295	Centene Corporation	00000	. 00-0000443				Health Net Community Solutions	AZ	NTA	hearth Net, Inc	ownership	100.0	Corporation Centene		
01295	Centene Corporation	15895	81-1348826				of Arizona. Inc	AZ	I A	Health Net, Inc	Ownership	100.0	Corporation	lN	0
	'										'		Centene		
01295	Centene Corporation	00000	84-1301249				National Pharmacy Services Inc.	DE	NIA	Health Net, Inc.	Ownership	100.0	Corporation	N	0
01295	Centene Corporation	00000	23-2789453				Integrated Pharmacy Systems,	PA	NIA	National Pharmacy Services	Ownership	00.0	Centene Corporation	l N	0
01293	Centene Corporation	00000	. 23-2709433					A	NTA	1110	Ownersinp		Centene		
01295	Centene Corporation	00000	68-0390435				FH Surgery Centers Inc.	CA	NIA	Health Net, Inc	Ownership	100.0	Corporation	N	0
0.4005							Greater Sacramento Surgery						Centene	ll	
01295	Centene Corporation	00000	68-0343818				Center LP	CA	NIA	FH Surgery Centers Inc	Ownership		Corporation Centene	. N	0
01295	Centene Corporation	00000	46-2616037				Health Net Access. Inc	AZ	NIA	Health Net. Inc.	Ownership	100 0	Corporation	N	0
01200	'						MHS Consulting, International,		1		0 11101 0111 p		Centene	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
01295	Centene Corporation	00000	. 20-8630006				Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation	N	0
01295	Centene Corporation.	00000					PRIMEROSALUD, S.L.	ESP	NIA	MHS Consulting, International, Inc	Ownership	100.0	Centene Corporation	NI NI	0
01295	Centene Corporation	00000					PRIMERUSALUD, S.L	E3P	NIA	MHS Consulting,	ownership	100.0	Centene	. JN	
01295	Centene Corporation	00000					Centene UK Limited	GBR	NIA	International, Inc.	Ownership.	100.0	Corporation	N	0
	· ·										·		Centene		
01295	Centene Corporation	00000					The Practice (Group) Limited	GBR	NIA	Centene UK Limited	Ownership	75.0	Corporation	N	0
01295	Centene Corporation	00000	82-1172163				Centene Health Plan Holdings,	DE	NIA	Centene Corporation	Ownership.	100.0	Centene Corporation	N	0
01200	Octrono Corporation	00000	. 02 - 1 17 2 100				Carolina Complete Health	µ∟		Centene Health Plan Holdings,	οπιστοιτιμ	100.0	Centene	.	
01295	Centene Corporation	00000	82-2699483				Holding Company Partnership	DE	NIA	Inc.	Ownership	100.0	Corporation	N	
0.4005										Carolina Complete Health	<u> </u>		Centene		
01295	Centene Corporation	00000	82-2699332				Carolina Complete Health, Inc	NC	NIA	Holding Company Partnership	Ownership	100.0	Corporation	. N	

Asterisk Explanation

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# **SCHEDULE Y**

1				_		_	8		10	44	40	13
1	2	3	4	5	6	7 Income/	8	9	10	11	12	
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
00000	42-1406317	Centene Corporation	67,500,000	(430, 202, 578)			54,993,200				(307,709,378)	
71013	39-0993433	Bankers Reser Life Ins. Co. of Wisconsin		32 , 180 , 000			(525,618,551)	(16,373,059)			(509,811,610)	
00000	46-2860967	Health Plan Real Estate Holding, Inc									0	
12315	20-3174593	Peach_State Health Plan, Inc	(15,000,000)				(381,967,433)	2,319,280			(394 , 648 , 153)	
15713	46 - 4829006	lowa Total Care, Inc			ļ		(700,000,000)	0.700.044			0	
11834	32-0045282	Buckeye Community Health Plan, Inc		0.000.000			(738, 296, 932)	6,700,341			(731,596,591)	
12959 00000	20 - 5693998 59 - 3807546	Absolute Total Care, Inc		3,000,000	ļ	ļ	(189,552,227)	1,486,134	ļ	· <del> </del>	(185,066,093)	
00000		Physicians Choice, LLCPhyTrust of South Carolina LLC.	<del> </del>		<del> </del>				<del> </del>	· <del> </del>	0	
95831	39 - 1821211	Coordinated Care Corporation		30 , 000 , 000	<del> </del>		(647,060,833)			·		
00000	46 - 5523218	Healthy Washington Holdings, Inc					(047,000,033)		·····	·	(017,000,033)	
15352		Coordinated Care of Washington, Inc		38,000,000	<b>†</b>		(239,691,828)			·	(201,691,828)	
96822	39 - 1678579	Managed Health Services Insurance Corp	(10,000,000)				(47,082,331)	151,754		·	(56,930,577)	
60078	86-0819817	Hallmark Life Insurance Co	(8,000,000)		<u> </u>		(137, 124)	101,704		·	(8, 137, 124)	
95647	74-2770542	Superior HealthPlan, Inc.	(0,000,000)		†		(1,203,090,785)			·	(1,203,090,785)	
00000	27 - 0916294	Healthy Louisiana Holdings LLC					(1,200,000,700)				(1,200,000,700)	
13970	27 - 1287287	Louisiana Healthcare Connections. Inc.		35.000.000	<b>†</b>		(794.033.645)	(8.086)			(759.041.731)	
13923		Magnolia Health Plan Inc		78,500,000			(541,407,069)	786 , 145			(462,120,923)	
14053	27 - 2186150	IlliniCare Health Plan, Inc		8,344,050			(474,280,929)	1.129.829			(464,807,050)	
00000	26-0557093	Sunshine Health Holding LLC									0	
13148	20-8937577	Sunshine State Health Plan, Inc.					(892,867,558)	(984,894)			(893,852,452)	
00000		Access Health Solutions LLC					<u> </u>	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		0	
14100		Kentucky Spirit Health Plan, Inc	(10,000,000)				(441,843)				(10,441,843)	
00000	45-5070230	Healthy Missouri Holding, Inc							ļ		0	
14218	45-2798041	Home State Health Plan, inc		68,900,000			(125,540,423)	2,226,547			(54, 413, 876)	
14345	45-3276702	Sunflower State Health Plan, Inc	(9,500,000)				(346,778,057)	1,793,508			(354,484,548)	
14226	45-4792498	Granite State Health Plan, Inc.		18,000,000			(148,498,338)	516,560			(129,981,777)	
00000		California Health and Wellness Plan					/5 000 070)	(861,925)			(861,925)	
10769	30-0312489	Michigan Complete Health, Inc.			ļ		(5,338,272)				(5,338,272)	
00000	45 - 5583511	Western Sky Community Care, Inc		44 500 000	ļ		(0.070.440)	000 400	ļ	ļ	0	
16143	20 - 4761189	SilverSummit Healthplan, Inc.		14,500,000			(6,670,448)	220 , 120	ļ		8,049,673	
00000	20-0483299	Agate Resources, Inc			ł		35,145,141	4 040 000	ļ	·	35,145,141	
12559 00000	42-1694349 26-4475075	Trillium Community Health Plan, Inc			<del> </del>		(39,512,655)	1,616,698	·····	·	(37,895,957)	
15902	47 - 5123293			77 ,800 ,000			(178,853,006)	(1,333,761)	·····	·	(102,386,768)	
16041	47 - 5123293	Nebraska Total Care, Inc Pennsylvania Health & Wellness, Inc					(52,660)	(1,333,701)	ļ		(102,386,768)	
15912		Superior HealthPlan Community Solutions		109,320			(1,166,809)		·····	†	(1,166,809)	
15912	47 - 5667095	Sunshine HealthPlan Community Solutions.			†	<b></b>	(85,511)		·····	†	(85,511)	
16112	47 - 5664342	Buckeye Health Plan Community Solutions		1,700,000	†		(00,011)		t	†	1,700,000	
16130	81 - 1282251	Arkansas Health & Wellness Health Plan.		2,229,000		·····	(1,210)		İ	†	2.227.790	
00000	38-4042368	Arkansas Total Care Holding Company, LLC.							İ		2,227,730	
16256	82-2649097	Arkansas Total Care, Inc.		4 , 440 , 000					Ī		4.440.000	

	_	_		_		_	_	_				13
1	2	3	4	5	6	7 Income/	8	9	10	11	12	
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
00000	81-2788043	Healthy Oklahoma Holdings, Inc.							ļ		0	
00000	81-3121527	Oklahoma Complete Health Inc							ļ	<del> </del>	0	
00000	20-4980875	Bridgeway Health Solutions, LLC							<del> </del>	<del> </del>	0	
00000	20-4980818	Bridgeway Health Solutions of Arizona							ł		0	
00000 80799	36-2979209 06-0641618	Celtic Group, Inc		13.700.000	····		(843.809.389)		t	····	0	
15762	35-2525384	Ambetter of Magnolia Inc.		2,000,000	ļ		(121,018,608)		†	†	(030, 109, 369)	
15729	36-4802632	Ambetter of Magnoria Inc.	†	3.300.000			(199,121,897)		t	†	(195,821,897)	
00000	27 - 2221367	Novasys Health, Inc.					1,227,986		1	† · · · · · · · · · · · · · · · · · · ·	1,227,986	
00000	26-4278205	CeltiCare Health Plan Holdings LLC.							1		0	
13632	26-4818440	Celticare Health PLan of MA. Inc.	(15.000.000)				(79.132.910)		1		(94.132.910)	
00000	39-1864073	Centene Management Company LLC					2.146.088.437		I		2,146,088,437	
00000	20-0057283	CMC Real Estate Co. LLC							l		0	
00000	26-4094682	Centene Center LLC							<u> </u>		0	
00000	82-1816153	Centene Center I, LLC							ļ		0	
00000		Centene Center II, LLC							ļ		0	
00000	82-3210933	Centene Center III, LLC							ļ		0	
00000	46-4234827	CMC Hanley, LLC							ļ		0	
00000	47 - 2914561	Forhan, LLC							ļ		0	
00000	37 - 1766939	Hanley-Forsyth, LLC.							ļ		0	
00000	45-5431787	GPT Acquisition LLC. Clayton Property Investment LLC.							ļ	ļ	0	
00000	45-4372065	Clayton Property Investment LLC							<del> </del>	<del> </del>	0	
00000	46-2794037 46-2798132	LSM Holdco, Inc.		(4 500 000)	ł		2.409.374		<del> </del>	ł	0 909.374	
00000	20-2074217	Lifeshare Management Group, LLC		(1,500,000)			2,409,374		<del> </del>	<del> </del>	909,374	
00000	74-2810404	CCTX Holdings, LLC					544,267,319		<del> </del>	<del> </del>	544 , 267 , 319	
00000	20-2074277	Centene Holdings, LLC.							t	<del> </del>		
00000	43-1795436	MHS Travel & Charter, Inc.							t	t	0	
00000	46-4855483	Health Care Enterprises, LLC.			İ				1	†		
00000	22-3889471	Envolve Holdings, Inc.			İ				1	†	0	
00000	68-0461584	Cenpatico Behavioral Health, LLC.					1.063.800.265		1		1,063,800,265	
00000	86-0782736	CBHSP Arizona, Inc.					, 5555, 555, 256		I		0	
00000	47 - 2595704	Cenpatico of California, Inc							I		0	
00000	74-2892993	Integrated Mental Health Momt. LLC.							<u> </u>	<u> </u>	0	
00000	74-2785494	Integrated Mental Health Services					137 , 106 , 325		ļ		137 , 106 , 325	
00000	20-1624120	Cenpatico Behavioral Health of Arizona							ļ		0	
00000	80-0879942	Cenpatico of Arizona Inc.			ļ			614,808	ļ	ļļ.	614,808	
00000	37 - 1788565	Envolve, Inc.							ļ		0	
00000	47 - 4545413	AHA Administrative Services, LLC			ļ				ļ		0	
00000	47 - 3454898	Envolve - New York, Inc							ļ		0	
00000		Community Care of Central Colorado, LLC			ļ				ļ	ļļ.	0	
00000	. 06 - 1476380	Envolve PeopleCare, Inc.	1		I		97 , 608 , 009		L	1	97.608.009	

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					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	l ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	47 - 2516714	LiveHealthier, Inc						· · · · · · · · · · · · · · · · · · ·			0	` ,
00000	61-1846191	Envolve Benefits Options, Inc.								<u> </u>	0	
00000	20-4730341	Envolve Vision Benefits, Inc.								<u> </u>	0	
	36-4520004	Envolve Captive Insurance Company, Inc									0	
95302	75-2592153	Envolve Vision of Texas, Inc.					36,417,061				36,417,061	
00000	20-4773088	Envolve Vision, Inc					131,231,304				131,231,304	
	65-0094759	Envolve Vision of Florida, Inc.			ļ		16,791,055			ļ	16,791,055	
	20-4861241	Envolve Total Vision, Inc.									0	
00000	06 - 1635519	Envolve Vision of New York, Inc.									0	
00000	46-2783884	Envolve Dental, Inc.					389,354,002				389 , 354 , 002	
		Envolve Dental of Florida, Inc.			·					ļ	0	
16106	81-2796896	Envolve Dental of Texas, Inc.					4 00F 004 F7F				U	
00000	77 -0578529 76 -0511700	Envolve Pharmacy Solutions, Inc			<del> </del>		4,225,831,575			ł	4,225,831,575	
	75-2612875	LBB INGUSTIES, INC.	-		ł						U	
	46-2307356	RX Direct, Inc. Envolve Pharmacy IPA, LLC			<del> </del>					<u> </u>	U	
	90-0636938	Casenet LLC.			·							
00000	90-0030930	Casenet S.R.O.			†					·	 N	
00000	61-1450727	Centurion Group, Inc.			T							
00000	90-0766502	Centurion LLC			·						 N	
00000	81-4228054	Centurion of Arizona, LLC									o	
00000	47 - 1686283	Centurion of Vermont IIC									0	
	47 - 2967381	Centurion of Mississippi, LLC.									0	
	30-0752651	Centurion of Tennessee, LLC.									0	
00000	61-1696004	MA Partnership for Correctional Healthca									0	
	46-2717814	Centurion of Minnesota, LLC									0	
00000	81-1161492	Centurion Correctional Helathcare of NM									0	
00000	81-0687470	Centurion of Florida, LLC.									0	
00000	81-3007264	Centurion of Illinois, LLC			ļ					ļ	0	
00000	81-4938030	Centurion of Maryland, LLC	<u></u>		ļ					ļ	0	
	81-5429405	Centurion of Philadelphia, LLC			ļ					ļ	0	
00000	27 - 36 17 766	Specialty Therapeutic Care Holdings, LLC			ļ					ļ	0	
00000	73-1698808	Specialty Therapeutic Care, LP			<b></b>					ļ	0	
00000	73-1698807	Specialty Therapeutic Care, GP, LLC			ļ						0	
00000	26 - 2624521	Specialty Therapeutic Care West, LLC.			ļ				·····		0	
	80-0856383	AcariaHealth Solutions, Inc			<b>-</b>					ļ	ŏ	
	45-2780334	AcariaHealth, Inc	-		ļ					ļ	ŏ	
	27 - 1599047	AcariaHealth Pharmacy #14, Inc			<b>-</b>					<del> </del>	<u>0</u>	
	20-8192615 27-2765424	AcariaHealth Pharmacy #11, Inc	-		<del> </del>					<del> </del>	j	
		AcariaHealth Pharmacy #12, Inc			<del> </del>						<u>0</u>	
00000	26-0226900	AcariaHealth Pharmacy #13, Inc			4	ļ				<b>↓</b>	0	

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					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC	ID 10		Obarabaldan	Onnite!		Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company Code	ID Number	Names of Insurers and Parent. Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Loans or Other Investments	Benefit of any Affiliate(s)	Agreements and Service Contracts	Reinsurance Agreements	*	the Insurer's Business	Totals	Credit Taken/(Liability)
00000	13-4262384	AcariaHealth Pharmacy, Inc.	Bividende	Contributions	IIIVodinonto	7 (11111010(0)	COLVICE CONTRACTO	rigicomento		Buomiceo	0	rakerii (Elabiiity)
00000	27 - 3707698	HomeScripts.com, LLC									0	
00000	20-8235695	New York Rx, Inc.							ļ	<u> </u>	0	
00000		Foundation Care, LLC							ļ	ļ	0	
00000	27 -0275614	U.S. Medical Management Holdings, Inc							ļ		0	
00000	38-3153946	U.S. Medical Management, LLC		ļ	ļ		24 , 152 , 326		ļ	ļ	24,152,326	
00000	31-1733889	RMED, LLC		ļ	ļ				ļ	ļ	0	
00000	47 - 2138680	IAH of Florida, LLC		<del> </del>	<del> </del>				ł	<del> </del>	0	
00000	51-0581762 20-2827613	Heritage Home Hospice, LLC		<del> </del>	<del> </del>				<del> </del>	<del> </del>	0	
00000	20-2627613	ComfortBrook Hospice, LLC			<b>†</b>				ł	<del> </del>	 0	
00000	20-4996551	Comfort Hospice of Texas, LLC.							····	T	0	
00000	20-2827526	Grace Hospice of San Antonio, LLC.			<b></b>				†	<b>†</b>		
00000	45-0679248	Grace Hospice of Grand Rapids, LLC								†····	0	
00000	45-0634905	Grace Hospice of Indiana, LLC.							1		0	
00000	45-5080637	Grace Hospice of Virginia, LLC.							1		0	
00000	45 - 5080567	Comfort Hospice of Missouri IIC									0	
00000	46 - 1708834	Grace Hospice of Wisconsin, LLC							ļ	<u> </u>	0	
00000	81-5129923	Grace Hospice of Illinois, LLC							ļ	ļ	0	
00000	26-4435532	Seniorcorps Peninsula, LLC							ļ		0	
00000	33-1179031	R&C Healthcare, LLC.			ļ				ļ	ļ	0	
00000	46-0861469	Pinnacle Senior Care of Missouri, LLC.		ļ	ļ				ļ	ļ	0	
00000	03-0556422	Country Style Health Care, LLC							ļ	ļ	0	
00000	14-1878333	Phoenix Home Health Care, LLC		<del> </del>	<del> </del>				ļ	<del> </del>	0	
00000	75-2635025	Traditional Home Health Services, LLC		<del> </del>	<del> </del>				ł	<del> </del>	0	
00000	38-2751108 20-5108540	Family Nurse Care, LLCFamily Nurse Care II, LLC		ł	<del> </del>				ł	†	0	
00000	20-3106340	Family Nurse Care 11, LLC.			<u> </u>				†	<del> </del>	 0	
00000	46-4229858	Pinnacle Senior Care of Wisconsin, LLC	•	†	†				t	†	0	
00000	81-1565426	Pinnacle Senior Care of Indiana, LLC.			<b></b>				İ	T		
00000	76-0713516	Pinnacle Home Care, LLC.		<u> </u>					1	<u> </u>	0	
00000	59-3519060	North Florida Health Services. Inc.							1		0	
00000	47 - 1742728	Pinnacle Sr. Care of Kalamazoo, LLC							I		0	
00000	46-1734288	Hospice DMF Company IIC									0	
00000	20-4364776	Rapid Respiratory Services, LLC. USMM Accountable Care Network, LLC.							ļ		0	
00000	46-5730959	USMM Accountable Care Network, LLC		ļ	ļ				ļ	ļ	0	
00000	46-5735993	USMM Accountable Care Partners. LLC		ļ	ļ				ļ		0	
00000	46-5745748	USMM Accountable Care Solutions, LLC		ļ	ļ				ļ	ļ	0	
00000	45-4165480	USMM ACO, LLC		ļ	ļ				ļ	ļ	0	
00000	45-4157180	USMM ACO Florida, LLC		ļ	ļ				ļ	<b> </b>	0	
00000	45-4154905	USMM ACO North Texas, LLC	FO 000 000	/5 000 000	ļ		440 005 440		ł	<b>-</b>		
00000	47 - 5208076	Health Net, Inc.	50,000,000	(5,900,000)	ļ		146,665,112		ļ	<b></b>	190,765,112	

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					Purchases, Sales or	Income/ (Disbursements)						Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
00000		Health Net of California, Inc.									0	
66141	73-0654885	Health Net Life Insurance Company					(284 , 181 , 870)	19,296,416		ļ	(264,885,453)	
00000	98-0409907	Health Net Life Reinsurance Company						(19,296,416)			(19,296,416)	
00000	54-2174069	Health Net of CA Real Estate Holdings							ļ	<b></b>	0	
00000	95-4117722	Managed Health Network, LLC					0.004.000		<del> </del>	<b></b>	0	
00000		Managed Health Network					2,294,322		<del> </del>	<del> </del>	2,294,322	
00000	95-4146179 68-0214809	MHN Šervices, LLC Health Net Federal Services, LLC			<u> </u>		7,689,877		<del> </del>	ł	7,689,877	
00000		MHN Government Services LLC			<b>†</b>				<del> </del>	<del> </del>	0	
00000		MHN Global Services, Inc							ł	<del> </del>	0	
00000	80-0852000	MHN Government Services-Belgium, Inc.							†	<b>†</b>	 n	
00000	90-0889816	MHN Government Services-Diibouti, Inc.							†	İ		
00000	80-0852008	MHN Government Services-Germany, Inc.									0	
00000	90-0889803	MHN Government Services-Guam, Inc.							1		0	
00000	90-0889825	MHN Government Services-International		•					1		0	
00000	80-0852019	MHN Government Services-Italy, Inc.							1		0	
00000	46 - 1038058	MHN Government Services-Japan, Inc.							I		0	
00000	90-0889815	MHN Government Services-Puerto Rico.							l		0	
00000	90-0889824	MHN Government Services-Turkey, Inc.							<u> </u>		0	
00000	90-0889833	MHN Government Services-United Kingdom							ļ		0	
00000	88-0357895	Network Providers, LLC.							ļ	ļ	0	
00000	61-1388903	Health Net Preferred Providers, LLC							ļ		0	
00000		Health Net Veterans, LLC							ļ	ļ	0	
00000	06-1116976	Health Net of the Northeast, LLC							ļ	ļ	0	
00000		North Region Providers, LLC.							ļ		0	
00000		QualMed, Inc.			ļ				ļ	ļ	0	
00000	84-0975985	QualMed Plans for Health of Colorado			ļ		(440, 440, 004)		<del> </del>	ļ		
95800	93-1004034 23-2867299	Health Net Health Plan of Oregon, Inc.			<del> </del>		(112,140,961)		<del> </del>	<del> </del>	(112,140,961)	
00000	23-2867299	HSI Advantage Health Holdings, Inc			<u> </u>				ł	<del> </del>	 N	
00000	25-1516632	Pennsylvania Health Care Plan, Inc			<b>†</b>				<del> </del>	<del> </del>	0	
00000	94-3037822	Health Net Services Inc.			†				t	†	0	
00000		Health Net Community Solutions, Inc			†				t	†	 n	
95206	36-3097810	Health Net of Arizona, Inc	(50.000.000)		†		(334.797.836)		t	†	(384.797.836)	
00000	54-2153100	Health Net One Payment Services, Inc.			1		(0007,707,000)		1	†····		
00000	70. 2100100	Health Net of Pennsylvania, LLC.			1				1	†	0	
00000	23-2456130	QualMed Plans for Health of Pennsylvania.		•					1	<u> </u>	0	
00000	68-0390434	FH Surgery Limited, Inc.							1		0	
00000	68-0390438	Foundation Health Facilities, Inc.							I		0	
00000	98-0150604	FH Assurance Company									0	
00000	68-0295375	Health Net Pharmaceutical Services.					445,060,046		ļ	L	445,060,046	
00000	86-0660443	Health Net of Arizona Admin Services.							I	1	0	

# **SCHEDULE Y**

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					Purchases, Sales or	(Disbursements)						Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	ID.	15 15 15 15 15 15 15 15 15 15 15 15 15 1	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's	<b>-</b>	Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	_ *	Business	Totals	Taken/(Liability)
15895	81-1348826	Health Net Community Solutions of AZ		5,900,000			(5,902,790)		<del> </del>	<del> </del>	(2,790)	
00000	84-1301249	Inational Pharmacy Services Inc.							<del> </del>		0	
00000	23 - 2789453 68 - 0390435 68 - 0343818	Integrated Pharmacy Systems, Inc.			<b>†</b>				·····	<del> </del>	 0	
00000	60 0242040	Creater Segrements Surgery Conter LD			<b>†</b>				<del> </del>	<b>†</b>	0	
00000	46-2616037	Health Net Access Inc		†	†				İ	†	0 0	
00000	20-8630006	IMHS Consulting International Inc		†	†		†		t	†	0	
00000	20-0000000	National Pharmacy Services Inc		†	†		† · · · · · · · · · · · · · · · · · · ·		İ	†	0	
00000	1	ICentene uk i milien		<b>†</b>	<b>†</b>				1	† <u>†</u>	0	
00000		The Practice (Group) Limited. Centene Health Plan Holdings, Inc		1	<u> </u>				1	†	0	
00000	82-1172163	Centene Health Plan Holdings Inc							1		0	
00000	82-2699483	Carolina Complete Health Holding Co Ptrs							1		0	
00000	82-2699332	Carolina Complete Health, Inc.							I		0	
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# **SCHEDULE Y**

1	2	3	4	5	6 Purchases, Sales or Exchanges of Loans, Securities,	7 Income/ (Disbursements)	8	9	10	11	12	13  Reinsurance Recoverable/
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	l Real	Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	(Payable) on Losses and/or Reserve Credit Taken/(Liability)
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999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

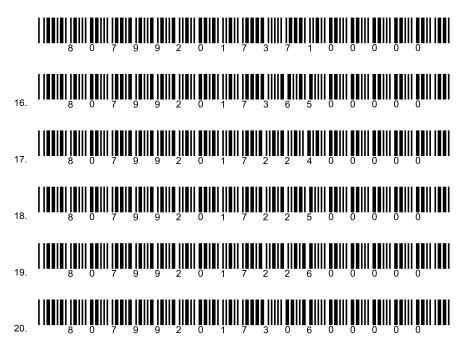
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES.
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code plement is required of your company but is not being filed for whatever reason, enter <b>SEE EXPLANATION</b> and provide an explanation following ns.	e will be printed below. If
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES.
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	YES
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
14.	·	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.		NO
	APRIL FILING	
20.		NO
21.		YES
22.		YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explan	ation:	
13.		
14.		
16.		
17.		
18.		
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14.

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



# **OVERFLOW PAGE FOR WRITE-INS**

M003 Additional Aggregate Lines for Page 03 Line 23. \*LIAB - Liabilities

	1	2	3	4
	Covered	Uncovered	Total	Total
2304. State income tax payable.	3,762,258	0	3,762,258	150,606
2305. Advanced Premium Tax Credit Payable	3,688,573	0	3,688,573	0
2397. Summary of remaining write-ins for Line 23 from Page 03	7,450,831	0	7,450,831	150,606



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

	FOR THE STATE OF Alabama		
IAIC Gr	pup Code 1295	NAIC Company Code	80799
Address	(City, State and Zip Code) Chicago, IL 60601		
Person (	ompleting This Exhibit David J. Burke		
itle	Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				7						
										11	Incurred			Incurred Claims		Incurred Claims		15	Incurred	d Claims	18
											12	13			16	17					
		Standardized																			
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of				
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered				
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives				
V	MC DOL A IN	,	M-	0004000	00/44/4000				CELTIC MED CURD	0	0	0.0				0.0					
YesYes	MS POL A-IN	A	NoNoNoNoNoNo	. 0034000	08/14/1992 08/14/1992 08/14/1992			······	CELTIC MED SUPP	0	0	0.0	J	ļ	J	0.0 0.0					
Yes	MS POL C-IN	P	NO	. 0034000	09/14/1992				CELTIC MED SUPP	28,643	15,779	55.1		l	J	0.0	J				
169	MIS FOL C-IN		NO	. 0034000	00/ 14/ 1332			·····	CLLITC WILD SUFF	20,043		0.0			J	0.0					
Yes	MS POL F-IN	F	No	0034000	08/14/1992				CELTIC MED SUPP	96,687	36 , 133	37.4	17	0	0	0.0	0				
Yes	MS POL I-IN	1	No.	0034000	08/14/1992 08/14/1992				CELTIC MED SUPP CELTIC MED SUP	7.958	580	7.3	1	0	0	0.0	0				
	OTAL EXPERIEN	CE ON INDIVI								133,288	52,492	39.4	23	0	0	0.0	0				
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				1																	
0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES	1					1	0	0	0.0	0	0	0	0.0	0				

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Alaska		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016, 2017			
										11				15	Incurred		18
		Standardized									12	13			16	17	
		Medicare		Plan	l <u>.</u> .	Date	Date					Percent of	Number of	l		Percent of	Number of
Compliance with OBRA	Policy Form	Supplement Benefit Plan	Medicare	Character-		Approval Withdrawn	Last	Date Closed	Policy Marketing Trade	Premiums Earned	Amount	Premiums	Covered Lives	Premiums	Amount	Premiums	Covered
With OBRA	Number	Benefit Plan	Select	istics	Approved	withdrawn	Amended	Ciosea	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	
												0.0				0.0	
												0.0 0.0					
Yes	MS POL F - IN	F	No	0034000	08/19/1992				CELTIC MED SUPP	3,896		9.9	1	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							3,896	384	9.9	1	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF American Samoa		
NAIC Group Code 1295	NAIC Company Code 80	0799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
Title	Telephone Number	

1	2	3	4	5	6	7	8	9	10		Policies Issued			Policies Issued in 2015, 2016, 2017				
										11 Incurred Claims 14			15	Incurred		18		
1											12	13			16	17	1	
		Standardized																
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of	
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered	
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
0199999 TO	OTAL EXPERIENC	CE ON INDIVI	<b>IDUAL POLICIES</b>							0	0	0.0	0	0	0	0.0	0	
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0299999 To	OTAL EXPERIENC	CE ON GROU	JP POLICIES	1	T	-				0	0	0.0	0	0	0	0.0	0	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:

3.2 Contact Person and Phone Number:	
Explain any policies identified above as policy type	'O"



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Arizona		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1 1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016, 2017				
										11 Incurred Claims 14			14	15	Incurred	d Claims	18	
											12	13			16	17	1	
		Standardized														1 1	1	
l		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of	
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered	
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
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	MS POL F-IN		No	0034000	10/11/1991				CELTIC MED SUP.	11,210	11,427	101.9	1	0	0	0.0	0	
0199999 T	OTAL EXPERIEN	CE ON INDIVID	DUAL POLICIES	<u> </u>						11,210	11,427	101.9	1	0	0	0.0	0	
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0299999 T	OTAL EXPERIEN	CE ON GROUP	PPOLICIES							0	0	0.0	0	0	0	0.0	0	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



Telephone Number 312-332-5401

#### SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Arkansas	
NAIC Group Code 1295	NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601	
Person Completing This Exhibit David J. Burke	

Policies Issued Through 2014 Policies Issued in 2015, 2016, 2017 3 10 Incurred Claims Incurred Claims 11 14 15 18 12 13 16 17 Standardized Medicare Plan Date Date Percent of Number of Percent of Number of Compliance Policy Form Supplement Medicare Character-Date Approval Last Date Policy Marketing Trade Premiums Premiums Covered Premiums Premiums Covered with OBRA Benefit Plan istics Approved Withdrawn Amended Closed Earned Amount Earned Lives Earned Amount Earned Lives 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 0.0 0.0 0299999 TOTAL EXPERIENCE ON GROUP POLICIES 0.0 0.0

**GENERAL INTERROGATORIES** 

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

Controller

Title

- 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
- 3.2 Contact Person and Phone Number: ANDREA DLUGAS
- 4. Explain any policies identified above as policy type "O"



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF California		
IAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
itle Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				7		
										11	Incurred		14	15	Incurred	Claims	18
											12	13			16	17	·
		Standardized Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
										_	_						
Yes	MS POL A-IN	A	No	. 0034000	01/16/1992			· · · · · · · · · · · · · · · · · · ·	CELTIC MED SUPP	0	0	0.0	0	0	0	0.0 0.0	0
Yes	MS POL C-IN	C.	No	. 0034000	07/20/1993				CELTIC MED SUPP	6,862	1,071	15.6	1	0	0	0.0	0
		ļ		Jl								0.0		ļ	ļ	0.0	ļ
YesYes	MS POL F-INMS POL I-IN	l	NoNo.	. 0034000	01/03/1992 01/16/1992				CELTIC MED SUPP CELTIC MED SUP	0 6,414	(17) 617	0.0 9.6	J0	0	0	0.0 0.0	I0
	OTAL EXPERIEN	CE ON INDIVI			017 107 1332				OLL 110 MLD 001	13,276	1,671	12.6	2	0	0	0.0	0
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0299999	OTAL EXPERIEN	CE ON GROUI	P POLICIES	4					<del> </del>	n	n	0.0	0	n	n	0.0	n

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Colorado		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Tolonbono Number	242 222 5404

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in 2015, 2016, 2017			
										11	Incurred		14	15	Incurred		18	
											12	13			16	17		
		Standardized																
		Medicare		Plan		Date	Date	<b>5</b> .	5			Percent of	Number of			Percent of	Number of	
Compliance with OBRA	Policy Form	Supplement Benefit Plan	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums	l	Premiums	Covered	
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
Yes	MS POL A-IN	Δ	No	0034000	07/21/1992				CELTIC MED SUPP	0	ا ۱	0.0	n	1	۱	0.0	١	
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Yes	MS POL F-IN	b	No	. 0034000	07/21/1992				CELTIC MED SUPP.	6,659	1,069	16.1	1	0	0	0.0	0	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	5						6,659	1,069	16.1	1	0	0	0.0	0	
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Connecticut		
IAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
itle Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in 2015, 2016, 2017				
										11	Incurred	l Claims	14	15	Incurred	d Claims	18		
											12	13			16	17	1		
		Standardized																	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of		
Compliance		Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered		
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives		
V	MS POL A-IN	,	M-	0000500	07/40/4000				CELTIC MED CURR	4 404	365	20 5	0			0.0			
Yes	MS PUL A-IN	A	No	. 0030560	07/12/1992			·	CELTIC MED SUPP	1,124	305	32.5	0	J0	ļ0	0.0 0.0			
Yes	MS POL C-IN	C	No	0030560	12/21/1993 .02/07/1995 .07/12/1992 .07/12/1992				CELTIC MED SUPP	24,447	21,203	86.7	4	0	0	0.0			
	MS POL D-IN	D	NoNoNo	0030560	02/07/1995				CELTIC MED SUPP	68,769	22,886	33.3	20	0	0	0.0			
Yes	MS POL F-IN	F	No	. 0030560 0030560 0030560	07/12/1992				CELTIC MED SUPP CELTIC MED SUPP. CELTIC MED SUPP.	81,999	57 , 458	70.1	21	0	0	0.0			
	MS POL I-IN		No	. 0034000	07/12/1992				CELTIC MED SUPP	4,824	2,246	46.6	1	0	0	0.0			
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	3						181,163	104,158	57.5	46	0	0	0.0	0		
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0299999 T	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0		

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.
- 4. Explain any policies identified above as policy type "O"

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232



#### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Delaware		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

Complainable   Policy Form   Supplement   Medicare   Select   Se	1	2	3	4	5	6	7	8	9	10		Policies Issued			Policies Issued in 2015, 2016, 2017			<i>'</i>
Compilance   Policy Form   Medicare   Supplement   Medicare   Supplement   Medicare   Supplement   Medicare   Supplement   Medicare   Supplement   Medicare   Supplement   Medicare   Supplement   Medicare   Supplement   Medicare   Supplement   Medicare   Supplement   Medicare   Supplement   Medicare   Supplement   Medicare   Me											11	Incurred	Claims	14	15	15 Incurred Claims		
Compliance   Policy Form   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Select   Supplement   Supplement   Select   Supplement												12	13			16	17	1
Complance   Policy Form   Supplement   Medicare   Select   State   Approval   Last   Date   Name   Premiums   Complant   Medicare   Select   State   Approval   Last   Date   Name   Premiums   Complant   Comp																	1 1	1
With OBRA   Number   Benefit Plan   Select   issics   Approved   Withdrawn   Amended   Closed   Name   Earned   Amount   Earned   Lives   Earned   Amount   Earned   Lives																		Number of
Yes   NS POL F-IN   P   No   034000   02/18/1993.   CELTIC NED SUPP   3.196   579   18.1   1   0   0   0   0.0	Complianc	e Policy Form								Policy Marketing Trade								
0	with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0	.,			.,		00/40/4000				OF THE MED CURP	0 400	570	40.4				1	1 .
Ves.   NS POL D- IN   D   No   0034000   02/18/1993   CELTIC NED SUPP   6.367   6.196   97.3   1   0   0   0.0     Ves.   NS POL F- IN   F   No   0034000   02/18/1993   CELTIC NED SUPP   6.457   8.562   132.6   1   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   95.7   3   0   0   0.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   10.0   10.0   10.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   15,337   10.0   10.0   10.0     O199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES   16,020   10.0   1	Yes	MS POL A-IN	A	No	. 0034000	02/18/1993				CELITO MED SUPP	3,196	5/9		1	0	0		ļ0 J
Ves. NS POL P-IN. D. No. 0034000 02/16/1993.			†····-															ļ
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 16.020 15.337 95.7 3 0 0 0.0	Yes	MS POL D-IN	D	No	0034000	02/18/1993	·····		·····	CELTIC MED SUPP	6 367	6 196	97.3	1	0	0		0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 16,020 15,337 95.7 3 0 0 0.0		MS POL F - IN	F.	No	0034060	02/18/1993				CELTIC MED SUPP	6,457	8,562	132.6	1	0	0		0
	0199999		CE ON INDIVID	DUAL POLICIES	·						16.020	15.337	95.7	3	0	0	0.0	0
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	0299999	TOTAL EXPERIEN	CE ON GROUP	POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF District of Columbia		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2014			Policies Issued in 2015, 2016, 2017			
										11	Incurred	d Claims	14	15	Incurred	d Claims	18	
											12	13			16	17	1	
		Standardized															1	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of	
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered	
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
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	MS POL I-IN		No	. 0034000	07/30/1992				CELTIC MED SUP	0	0	0.0	0	0	0	0.0	0	
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	1						0	0	0.0	0	0	0	0.0	0	
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0299999 To	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Florida		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		′
										11	Incurred	Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized														1 1	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance		Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	Α	No	0034000	01/12/1004				CELTIC MED SUDD	21 1/2	24 127	161.5	0	0	ا ۱	0.0	٥
Yes	MS POL B-IN	R	NoNo	. 0034000	01/12/1994				CELTIC MED SUPP	21,143 125,355	34 , 137 62 , 557	49.9	43	0	0 I	0.0	
Yes	MS POL C-IN	C	No	. 0034000	01/12/1994 01/12/1994 01/12/1994				CELTIC MED SUPP	2,985,282	2,893,049	96.9	844	0	0	0.0	0
				Jl								0.0				0.0	
	MS POL F-IN	F	No	. 0034000	03/24/1992				CELTIC MED SUPP.	991,955	763,006	76.9	250	0	0	0.0	0
	MS POL I-IN		No	. 0034000	01/12/1994	· · · · · · · · · · · · · · · · · · ·			CELTIC MED SUP	320,309	291,033	90.9	76	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES							4,444,044	4,043,782	91.0	1,222	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROUP	PPOLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Georgia		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		7
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
											12	13	1		16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					- ' '												
Yes	MS POL A-IN	A	No	0034000	05/06/1992 05/06/1992 01/28/1993				CELTIC MED SUPP	2,701		28 . 4	<b>.</b> 1	0	0	0.0	0
Yes	MS POL B-IN	В	No	. 0034000	05/06/1992				CELTIC MED SUPP	8,891	5,662	63.7	2	0	0	0.0	
Yes	MS POL C-IN	<u>C</u>	No	. 0034000	01/28/1993				CELTIC MED SUPP	75,579	45,236	59.9	17	0	0	0.0	
Yes	MS POL D-IN	<u>þ</u>	No	. 0034000	05/31/1995 05/06/1992				CELTIC MED SUPP.	45,076	35,452	78.6	13	ļ0	0	0.0	
Yes	MS POL F-IN		No	0034000	05/06/1992				CELTIC MED SUPP.	162,995 25,278	149,494 36,270	91.7 143.5	50	ļ	0	0.0	
			No		05/06/1992				CELTIC MED SUPP				8	0	0		
0199999 1	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	5						320,520	272,880	85.1	91	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES				•			0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Guam		
IAIC Group Code 1295	NAIC Company Code 807	799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit		
itle	Telephone Number	

1 1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014 Policies Issued in 2015, 2016, 2017				7			
1										11		Claims	14	15		Claims	18
1											12	13			16	17	
1		Standardized															
1		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance with OBRA	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0400000 T	OTAL EVENEDIEM		DUAL DOLLOIFO							0	0	0.0		0		0.0	0
0199999 10	OTAL EXPERIENC	JE ON INDIVII	DUAL POLICIES	<del>)</del>						0	U	0.0	0	U	U	0.0	U
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0299999 10	OTAL EXPERIENC	JE UN GRUUI	P PULIUIES							0		0.0	0	<u> </u>	1 0	0.0	<u> </u>

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Hawaii		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		7
										11	Incurred	l Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized														1	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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0199999 TO	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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0299999 TO	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Idaho		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· · · · · ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			d Through 2014			Policies Issued in		,
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1 1
Compliance with OBRA		Standardized Medicare Supplement Benefit Plan		Plan Character- istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
												0.0 0.0 0.0					
Yes	MS POL F-IN	E	No.	0034000	01/04/1993				CELTIC MED SUP.	L	ł	0.0	Λ	l		0.0	1
	OTAL EXPERIEN	CE ON INDIVI			01/04/1000	ļ			OLL 110 MED 001		0	0.0	0	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	IP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Illinois		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2014			Policies Issued in	2015, 2016, 2017	,
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1 '
		Standardized															1 '
	5	Medicare		Plan	5.	Date	Date	5.		<b>.</b>		Percent of	Number of	<b>.</b> .		Percent of	Number of
Compliance		Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums	l	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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Yes	MS POL D-IN MS POL F-IN	<u>D</u>	No	0034000	12/09/1991 12/09/1991				CELTIC MED SUPPCELTIC MED SUPP	0 21,827	540	0.0	<u>0</u>	0	0	0.0	ļ0 !
YesYes	MS POL F-IN		NoNo	0034000	02/21/1991				CELTIC MED SUPP	21,827	17,049 2,067	78.1 17.8	5	J	ļ0	0.0	ļ
	OTAL EXPERIENCE				02/21/1992				CELITO WED SUFF	33.460	19.656	58.7	6	0	0	0.0	
01999991	OTAL EXPERIENT		DUAL PULICIES						1	33,400	19,000	30.1	0	U	0	0.0	
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Indiana		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued			Policies Issued in 2015, 2016, 2017			
										11	Incurred		14	15	Incurred		18
											12	13			16	17	i l
		Standardized															i l
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	Α	No.	0034000	02/21/1002				CELTIC MED CUDD	٥	0	0.0	0	_	٥	0.0	ا ما
Yes	MS POL B-IN	R	NoNo	0034000 0034000	02/21/1992			·····	CELTIC MED SUPP		0	0.0 0.0	0		0	0.0	ı
Yes	MS POL C-IN	C	No	0034000	02/21/1992 .02/21/1992 .11/18/1992 .08/08/1995 .02/21/1992				CELTIC MED SUPP	11,207	557	5.0	2	0	0	0.0	
Yes	MS POL D-IN	D.	No.	0034000	08/08/1995				CELTIC MED SUPP	4,426	257	5.8	1	0	0	0.0	0
Yes	MS POL F-IN	F	No	0034000	02/21/1992				CELTIC MED SUPP	339,111	177 , 419	52.3	68	0	0	0.0	i0
	MS POL I-IN	I	No	0034000	02/21/1992				CELTIC MED SUPP	26,659	9,439	35.4	5	0	0	<u>0</u> .0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							381,403	187,672	49.2	76	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Iowa		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in 2015, 2016, 2017				
										11	Incurred Claims 14			15	Incurred	Incurred Claims			
											12	13			16	17	1		
		Standardized															1		
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of		
Compliance		Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered		
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives		
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Yes	MS POL C-IN	······	No	0034000	03/04/1003				CELTIC MED SUPP	6,326	1 068		1	1	1	0.0	0		
Yes	MS POL D-IN	D	NoNo	0034000	11/01/1994				CELTIC MED SUPP	3,095	583	18.8	1	0	0	0.0	0		
Yes	MS POL F-IN	F	No	0034000 0034000 0034000	03/04/1993 11/01/1994 12/11/1991				CELTIC MED SUPP		4,968 583 55,854	70.8	18	0	0	0.0	0		
Yes	MS POL I-IN		No	. 0034000	12/11/1991				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	0		
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							88,286	61,405	69.6	20	0	0	0.0	0		
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0299999 T	OTAL EXPERIENC	CE ON GROU	PPOLICIES							0	0	0.0	0	0	0	0.0	0		

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...
  - 2.2 Contact Person and Phone Number: JACK IE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 4. Ex

3.1 Address. NAT, F.U. BUX 4 MADIBUN, WI 33744	
3.2 Contact Person and Phone Number: ANDREA DLUGAS	608-662-1232
xplain any policies identified above as policy type "O"	



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Kansas		
IAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
itle Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued					Policies Issued in 2015, 2016, 2017				
										11	Incurred Claims 14			15	Incurred Claims		18			
											12	13			16	17				
		Standardized																		
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of			
Compliance		Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered			
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives			
Yes	MC DOL A VC	,	No	0034060	06/20/1002				CELTIC MED SUDD	2,545	01	3.2	1			0.0				
Yes	MS POL A-KS MS POL B-KS	R	No	. 0034060 . 0034060	00/29/1992 06/29/1992	· · · · · · · · · · · · · · · · · · ·		·····	CELTIC MED SUPP	2,343	۱۵	0.0	l'	l0	l	0.0				
Yes	MS POL C-KS	C	No	0034060	06/29/1992 06/29/1992 08/03/1993				CELTIC MED SUPP	8.081	2,628	32.5	2	0	0	0.0				
				]								0.0				0.0				
Yes	MS POL F-KS	FF	No	0034060	06/29/1992 06/29/1992				CELTIC MED SUPP	13,903	14,871	107.0	3	0	0	0.0				
Yes	MS POL 1-KS		No	0034060	06/29/1992				CELTIC MED SUP	3,596	1,517	42.2	1	0	0	0.0	0			
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							28,125	19,097	67.9	7	0	0	0.0	0			
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0299999 T	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0			

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.
- 4. Explain any policies identified above as policy type "O"

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232



### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Kentucky		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5/01

1	2	3	4	5	6	7	8	9	10		Policies Issued			Policies Issued in 2015, 2016, 2017					
										11	Incurred Claims 14		14	15	Incurred Claims		18		
1											12	13			16	17	1		
		Standardized																	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of		
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered		
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives		
0199999 TO	OTAL EXPERIENC	CE ON INDIVI	<b>IDUAL POLICIES</b>							0	0	0.0	0	0	0	0.0	0		
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0299999 To	OTAL EXPERIENC	CE ON GROU	IP POLICIES	1	T	-			1	0	0	0.0	0	0	0	0.0	0		

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Louisiana		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Tolophone Number	212 222 5/01

1	2	3	4	5	6	7	8	9	10		Policies Issued			Policies Issued in 2015, 2016, 2017			
										11 [	Incurred		14	15		l Claims	18
											12	13			16	17	
		Standardized										_					
l		Medicare		Plan		Date	Date					Percent of	Number of	l		Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	
								· · · · · · · · · · · · · · · · · · ·				0.0				0.0	
Yes	MS POL C-IN	C	No	0034000	05/04/1993			· · · · · · · · · · · · · · · · · · ·	CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	0
		ļ										0.0				0.0	
Yes	MS POL F-IN	.l	No No	0034000	02/25/1992				CELTIC MED SUPP CELTIC MED SUP	17,025	9,188	54.0	3	0	0	0.0	0
	MS POL I-IN	OF ON INDIVID		0034000	02/25/1992				CELITO MED SUP	242	271	112.0	0	0	0	0.0	0
0199999 1	OTAL EXPERIEN	CE ON INDIVIL	JUAL POLICIES	<u> </u>					ı	17,267	9,459	54.8	3	U	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROUI	P POLICIES			<u> </u>	·		1	0	0	0.0	0	n	Λ	0.0	Λ
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Maine		
IAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
itle Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				,		
										11	Incurred		14	15		l Claims	18
1											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	
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Yes	MS POL F-IN	F	No	0034060	02/26/1992				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	0
	OTAL EXPERIEN	CE ON INDIVI				ļ				0	0	0.0	0	0	0	0.0	0
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0299999 TO	OTAL EXPERIEN	CE ON GROU	P POLICIES			•				0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Maryland		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued					Policies Issued in 2015, 2016, 2017				
										11	Incurred	Claims	14	15	Incurred	Claims	18			
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		Standardized Medicare		Plan		Data	Dete					Danaget of	No. and an af			Danier	Normalis and			
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Date Approval	Date Last	Date	Policy Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered			
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives			
				100.00					133											
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Yes	MS POL C-IN	· · · · · · · · · · · · · · · · · · ·	No	. 0034000	12/29/1992				CELTIC MED SUPP	10,592	2,661	0.0 25.1	3	1	1		1			
i i											i '	0.0				0.0				
Yes	MS POL F-IN MS POL I-IN		No	0034000	07/12/1992 07/12/1992				CELTIC MED SUPP CELTIC MED SUP	11,934	19,829	166.2	3	0	0	0.0	0			
		OF ON INDIVI	No	. 0034000	07/12/1992			· · · · · · · · · · · · · · · · · · ·	CELTIC MED SUP	5,247	1,880	35.8 87.7	1	0	0	0.0	0			
0199999 1	OTAL EXPERIENC	CE ON INDIVII	DUAL POLICIES	<u>,                                     </u>					1	27 ,773	24,370	87.7	/	0	0	0.0	U			
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES	4		<u> </u>			1	0	0	0.0	0	0	0	0.0	0			

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Massachusetts	
NAIC Group Code 1295	NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601	
Person Completing This Exhibit David J. Burke	
Title Controller	Telephone Number 312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				7		
										11	Incurred		14	15	Incurred		18
1											12	13			16	17	1
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 TO	OTAL EXPERIENC	CE ON INDIVI	<b>IDUAL POLICIES</b>							0	0	0.0	0	0	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROU	JP POLICIES	1	T	-				0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Michigan		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		<i>i</i>
1										11	Incurred	Claims	14	15	Incurred	Claims	18
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Compliance	Policy Form	Supplement		Character-		Approval	Last	Date	Policy Marketing Trade	Premiums	A	Premiums	Covered	Premiums	A	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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	MS POL F-IN		No	0034060	06/07/1994				CELTIC MED SUP.	10,459	7,208		2	0	0	0.0	0
0199999 10	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						10,459	7,208	68.9	2	0	0	0.0	0
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Minnesota		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				,		
										11	Incurred	l Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
Compliance with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 T	OTAL EXPERIENCE	CE ON INDIVI	DUAL POLICIES	3		•				0	0	0.0	0	0	0	0.0	0
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Mississippi		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2014			Policies Issued in		7
1 1										11	Incurred	Claims	14	15	Incurred	Claims	18
1 1											12	13			16	17	1
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	5 5	Medicare		Plan	<b>.</b> .	Date	Date	5.				Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums	A	Premiums	Covered	Premiums	A	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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Yes	MS POL C-IN		NoNo	. 0034000 . 0034000 . 0034000	04/02/1993 10/18/1994 09/02/1992 09/02/1992				CELTIC MED SUPP	15,089	11,053	73.3	4	0	0	0.0	0
Yes	MS POL D-IN MS POL F-IN	<u> </u>	No	. 0034000	10/18/1994				CELTIC MED SUPP	3,493 68,747		9.1	1	0	0	0.0	ļ0 !
Yes	MS POL F-IN	ļ	No	. 0034000	09/02/1992				CELTIC MED SUPP. CELTIC MED SUPP. CELTIC MED SUPP.	68,747	59,963	87.2	13	0	0	0.0	J
	MS POL I-IN	OF ON INDIVI	No	. 0034000	09/02/1992				CELITC WED SUPP	4,228	533	12.6 78.5	40	0	0	0.0	0
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Missouri		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1 1	2	3	4	5	6	7	8	9	10		Policies Issued			Policies Issued in 2015, 2016, 2017				
										11	Incurred		14	15	Incurred	Claims	18	
											12	13			16	17		
		Standardized		5.			5.									5 , ,	,, , ,	
Compliance	Policy Form	Medicare Supplement	Medicare	Plan Character-	Date	Date Approval	Date Last	Date	Policy Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered	
Compliance with OBRA		Benefit Plan	Select	istics	Approved		Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
With Oblot	Number	Benefit i idii	OCICOL	131103	прргочец	Withdrawii	Amenaca	Ologea	Tallie	Larrica	Amount	Lamea	LIVCS	Lamea	7 tillount	Larrica	LIVOS	
Yes	MS POL A-MO	A	No	0034000	02/05/1992				CELTIC MED SUP.	446	(234)	(52.5)	0	0	0	0.0	0	
Yes	MS POL C-MO		No	0034000	01/26/1993				CELTIC MED SUPP	32,994	24,784	0.0´ 75.1	9			0.0		
165	WIS FUL U-WU		NO		01/20/1995				CELTIC WED SUFF		l	0.0	9	0	0	0.0	0	
Yes	MS POL F-MO	F	No	0034000	11/20/1991				CELTIC MED SUPP.	17 , 406	16,570	95.2	5	0	0	0.0	0	
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							50,846	41,120	80.9	14	0	0	0.0	0	
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0299999 T	OTAL EXPERIENC		P POLICIES		<b>!</b>					Λ	Λ	0.0	0	Λ	Λ	0.0	0	
0233331	OTAL EXI LINEIN	OL ON OINOU	i i OLIOILO							0	0	0.0	0	0	U	0.0	<u>_</u>	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Montana		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2014			Policies Issued in		7
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized		l									l				1
	D.F. F	Medicare	NA P	Plan	D.1.	Date	Date	D. L.	Butto Madata Tarda	D		Percent of	Number of	B		Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character-	Date	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
WILLIOBRA	Number	Benefit Plan	Select	istics	Approved	withdrawn	Amended	Ciosea	ivame	Earned	Amount	Earned	Lives	Earned	Amount	Earneu	Lives
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Yes	MS POL F-IN	F	No.	0034000	09/02/1992				CELTIC MED SUPP.	1,013	26	0.0 2.6	l	ł	1	0.0	t
	OTAL EXPERIEN	CE ON INDIVI			03/02/1002				OLETTO MED COTT	1,013	26	2.6	0	0	0	0.0	0
01333331	OTAL EXITERIEN	I I	DONE I GLIGILO	<u>,</u>						1,010	20	2.0	· ·	•	·	0.0	· ·
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



Telephone Number 312-332-5401

## SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Nebraska	
NAIC Group Code 1295	NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601	
Person Completing This Exhibit David J. Burke	

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2014			Policies Issued in		7
										11		d Claims	14	15	Incurred		18
											12	13			16	17	
		Standardized		BI		D.1.	D.1.					B	N			D	N
Compliance	Policy Form	Medicare Supplement	Medicare	Plan Character-	Date	Date Approval	Date Last	Date	Policy Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered
with OBRA		Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
WILLIODICA	Number	Deliciit i iaii	Jelect	131103	Approved	Withdrawn	Amended	Ciosea	Name	Lameu	Amount	Lameu	LIVES	Lamed	Amount	Lameu	Lives
Yes	MS POL A-IN	A	No	0034000	05/01/1992				CELTIC MED SUPP	3,260	1,055	32.4	1	0	0	0.0	0
Yes	MS POL C-IN		No.	. 0034000	05/20/1993				CELTIC MED SUPP.	5.445	3.388	0.0 62.2			ļ	0.0	ļ
			IVO	. 0034000	i .			· · · · · · · · · · · · · · · · · · ·	CELITO WED SUPP		,	0.0		0	0	0.0	
Yes	MS POL F-IN	F	No	0034000	05/01/1992 05/01/1992				CELTIC MED SUPP.	135,397	65,322	48.2	20	0	0	0.0	0
	MS POL I-IN	I	No	0034000	05/01/1992			•	CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							144,102	69,765	48.4	22	0	0	0.0	0
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0299999 T	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

Title Controller

- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Nevada		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		,
										11	Incurred		14	15	Incurred	Claims	18
											12	13			16	17	1
		Standardized		Di.		D.1.	D.11					D	N			D	1
Compliance	Policy Form	Medicare Supplement	Medicare	Plan Character-	Date	Date Approval	Date Last	Date	Policy Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
		Deficile Figure	OCICOL	151105		vitilalawii	7 anchaea	Olosea	TVarrie		Amount		LIVES	Larried	7 tillount	Larrica	LIVES
Yes	MS POL A-IN	A	No	. 0034060	05/01/1992				CELTIC MED SUPP	2,703	723	26.7	1	0	0	0.0	0
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Yes	MS POL F-IN MS POL I-IN	F	No	0034000 0034000	05/01/1992 05/01/1992				CELTIC MED SUPP CELTIC MED SUPP	9,315	3,116	33.5	2	0	0	0.0	0
			No		05/01/1992				CELTIC MED SUPP	0	(1,214)	0.0	0	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							12,018	2,625	21.8	3	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5/01

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		<i>[</i>
i										11	Incurred	l Claims	14	15	Incurred	l Claims	18
ı l											12	13			16	17	1
ı l		Standardized															1
ı l		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 To	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES		-					0	0	0.0	0	0	0	0.0	0
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0299999 Tr	OTAL EXPERIENC	CE ON GROU	P POLICIES	1	T	T		•	<u></u>	0	0	0.0	0	n	0	0.0	Λ

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF New Jersey		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015, 2016, 2017				
										11	Incurred		14	15	Incurred		18	
											12	13			16	17		
		Standardized																
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of	
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered	
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
Yes	MS POL ALIN	٨	No	0034060	04/27/1003				CELTIC MED SUPP	٥	(1)	0.0	0	0	٥	0.0	ı	
Yes	MS POL A-IN	B	No.	0034060	04/27/1993				CELTIC MED SUPP	14,978	4,941		4		0	0.0	1 0	
Yes	MS POL C-IN	C.	NoNoNoNoNo	. 0034060 . 0034060 . 0034060	04/27/1993 04/27/1993 04/27/1993				CELTIC MED SUPP	145,893	144,025	98.7	32	0	0	0.0	0	
				.]								0.0				0.0	į!	
Yes	MS POL F-IN	F	No	. 0034060	04/27/1993				CELTIC MED SUPP	533,325	279,706	52.4	117	0	<b> </b> 0	0.0	0	
	MS POL I-IN		No	. 0034060	04/27/1993				CELTIC MED SUP.	240,697	115,317	47.9	43	5,098	1,321	25.9	1	
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES	<u>,                                     </u>						934,893	543,988	58.2	196	5,098	1,321	25.9		
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0299999 T	OTAL EXPERIENC	CE ON GROUP	POLICIES							0	0	0.0	0	0	0	0.0	. 0	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



#### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF New Mexico		
	NAIC Company Code	80799
o, IL 60601		

Address (City, State and Zip Code) Chicago, IL 60 Person Completing This Exhibit David J. Burke Title Controller. Telephone Number 312-332-5401

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014					Policies Issued in	2015, 2016, 2017	
										11	Incurred	d Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
								· · · · · · · · · · · · · · · · · · ·				0.0				0.0	
												0.0				0.0	
												0.0				0.0	
Yes	MS POL F-IN	F	No.	0034000	11/20/1991				CELTIC MED SUP	45,657	25,313		12	0	0	0.0	0
Yes	MS POL F-IN MS POL I-IN		No	0034000	02/03/1992				CELTIC MED SUP	7,869	1,963	24.9	1	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIVI	<b>DUAL POLICIES</b>	i						53,526	27,276	51.0	13	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	IP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

NAIC Group Code 1295

- 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



Telephone Number 312-332-5401

#### SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

#### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF New York		
	NAIC Company Code	80799

Policies Issued Through 2014 Policies Issued in 2015, 2016, 2017 3 10 Incurred Claims Incurred Claims 11 14 15 18 12 13 16 17 Standardized Medicare Plan Date Date Percent of Number of Percent of Number of Compliance Policy Form Supplement Medicare Character-Date Approval Last Date Policy Marketing Trade Premiums Premiums Covered Premiums Premiums Covered with OBRA Benefit Plan istics Approved Withdrawn Amended Closed Earned Amount Earned Lives Earned Amount Earned Lives 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 0.0 0.0 0299999 TOTAL EXPERIENCE ON GROUP POLICIES 0.0 0.0

**GENERAL INTERROGATORIES** 

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

NAIC Group Code 1295

Controller

Title

Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke

- 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF North Carolina		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued Through 2014 Policies Issued in 2015, 2016, 2017					7	
										11		d Claims	14	15	Incurred Claims		18
											12	13			16	17	1
		Standardized											l				1
	Dalla Francis	Medicare	Maritana	Plan	D.1.	Date	Date	Data	B.F. Madafara Tada	B		Percent of	Number of	<b>D</b>		Percent of	Number of
Compliance with OBRA		Supplement Benefit Plan	Medicare Select	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums	A 4	Premiums	Covered	Premiums	A	Premiums	Covered
WITH OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	
				]								0.0				0.0	
Yes	MS POL C-IN		No	0034000	11/22/1993				CELTIC MED SUPP	13,149	5,060	38.5	2	0	0	0.0	0
	NO DOL E IN			0034000	04/45/4000				OFITIO MED OURD	00.050	21,445	0.0 82.3	ļ	ļ		0.0	
YesYes	MS POL F-IN MS POL I-IN		NoNo	0034000	04/15/1992				CELTIC MED SUPP CELTIC MED SUP	26,056 4,443		82.3	0	ļ	J0	0.0	ļ
	OTAL EXPERIENC				04/ 13/ 1332				CLLITC MLD SOF	43.648	27,022	61.9	9	Λ	0	0.0	0
01999991	OTAL EXPERIENCE	CL ON INDIVI	TOLICIES		1					43,040	21,022	01.3	9	0	0	0.0	-
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

	FOR THE STATE OF North Dakota			
NAIC Gr	oup Code 1295	NAIC Com	pany Code	80799
Address	(City, State and Zip Code) Chicago, IL 60601			
Person (	Completing This Exhibit David J. Burke			
Title	Controller	Telephone	Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2014				Policies Issued in 2015, 2016, 2017				
										11	Incurred	d Claims	14	15	Incurred	l Claims	18			
											12	13			16	17	1			
Compliance with OBRA	Policy Form	Standardized Medicare Supplement Benefit Plan	Medicare	Plan Character- istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives			
												0.0 0.0 0.0				0.0 0.0				
Yes	MS POL F-IN	F	No.	0034000	03/03/1992				CELTIC MED SUP.	6,843	317	0.0 4.6	2	l		0.0	l			
	OTAL EXPERIENCE				03/03/1332				CELTIC MED 301	6.843	317	4.6	2	Λ	0	0.0	0			
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0299999 To	OTAL EXPERIENC	CE ON GROU	IP POLICIES	1	T			•	1	0	0	0.0	0	0	0	0.0	0			

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Northern Mariana Islands	
NAIC Group Code 1295	NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601	
Person Completing This Exhibit	
Title	Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014 Policies Issued in 2015, 2016, 2017						1	
										11	Incurred		14	15	Incurred		18
1											12	13			16	17	1
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 TO	OTAL EXPERIENC	CE ON INDIVI	<b>IDUAL POLICIES</b>							0	0	0.0	0	0	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROU	JP POLICIES	1	T	-				0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Ohio		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		,
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
											12	13	1		16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	AA	No	0034000	10/24/1991 10/24/1991				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	0
Yes	MS POL B-IN	В	No	. 0034000	10/24/1991				CELTIC MED SUPP	0	(8)	0.0	0	0	0	0.0	0
Yes	MS POL C-IN		No	. 0034000	11/20/1992				CELTIC MED SUPP	24,505	7 , 179	29.3	5	0	0	0.0	J0
Yes	MS POL D-IN	D	No	0034000	12/01/1993 10/24/1991				CELTIC MED SUPP	10,670	4,142	38.8	3	0	0	0.0	0
	MS POL F-IN	ļ	No	. 0034000	10/24/1991				CELTIC MED SUPP	34,472	21,325	61.9	8	0	0	0.0	0
	MS POL I-IN		No	. 0034000	10/24/1991				CELTIC MED SUPP	10,724	1,218	11.4	1	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	3						80,371	33,856	42.1	17	0	0	0.0	0
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0200000 T	OTAL EXPERIEN	CE ON GROU	P POI ICIES			•				0	۸	0.0	0	0	0	0.0	0
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.

#### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

F	OR	THE	STAT	TF OF	Oklahoma

NAIC Group Code 1295 NAIC Company Code 80799 Address (City, State and Zip Code) Chicago, IL 60601
Person Completing This Exhibit David J. Burke ...... Title Controller. Telephone Number 312-332-5401

1 1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		/
										11	Incurred		14	15	Incurred		18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	٨	No	. 0034060	02/03/1992				CELTIC MED SUPP	0	0	0.0	0	1	0	0.0	0
103	WO TOL A-111		NO	. 0004000	02/03/1332				CLLITC WLD SOIT			0.0		l		0.0	
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		ļ										0.0				0.0	
	MS POL F-IN	F	No	0034060	02/03/1992				CELTIC MED SUPP.	9,662	7 , 525	779	2	0	0	0.0	
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES	<u> </u>						9,662	7,525	77.9	2	0	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROUP	POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.
  - 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Oregon		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2014			Policies Issued in		<i>,</i>
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
			<u> </u>														
0199999 TO	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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0299999 TO	OTAL EXPERIENCE	CE ON GROU	IP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· · ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued					2015, 2016, 2017	,
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN MS POL B-IN	A	No	. 0034060	03/23/1993 03/23/1993 03/23/1993				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	l0
Yes	MS POL B-IN	B	No	. 0034060	03/23/1993		ļļ		CELTIC MED SUPP	4,132	1,446	35.0	1	0	0	0.0	ا 0 <u>ا</u>
Yes	MS POL C-IN		No	. 0034060	03/23/1993				CELTIC MED SUPP	72,664		45.6	16	0	0	0.0	ا 0 0 ا
***************************************	MS POL D-IN	D	No	. 0034060	03/23/1993				CELTIC MED SUPP	8,371	3,397	40.6	2	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES							85,167	37,965	44.6	19	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES	1			1			0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Puerto Rico	
IAIC Group Code 1295	NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60601	
Person Completing This Exhibit	
itle	Telephone Number

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		7
										11	Incurred	l Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized														1	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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0199999 TO	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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0299999 TO	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:

3.2 Contact Person and Phone Number:	
Explain any policies identified above as policy type	'O"



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Rhode Island		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2014			Policies Issued in		<i>i</i>
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1 1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement Benefit Plan	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	1
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Yes	MS POL C -IN	C	No	0034000	12/18/1992				CELTIC MED SUP	4,672		20.1	1	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVI							022110 1125 001	4.672	938	20.1	1	0	0	0.0	0
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0000000 T	OTAL EVDEDIEN	OF ON OBOL	ļ	·····								0.0				0.0	
0299999 T	OTAL EXPERIENCE	JE ON GROU	IP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF South Carolina		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2014			Policies Issued in	2015, 2016, 2017	,
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	1
Yes	MS POL B-IN	R	No	. 0034000	00/14/1002				CELTIC MED SUPP.	0	n	0.0 0.0	l	· · · · · · · · · · · · · · · · · · ·	1	0.0 0.0	t
	MS POL C-IN	p	No	. 0034000	09/14/1992 07/15/1994				CELTIC MED SUPP	7.715	11,915	154.4	2	l0	l	0.0	1
i i				. 0004000				·····		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	0.0				0.0	[
Yes	MS POL F-IN	F	No	0034000	09/14/1992 09/14/1992				CELTIC MED SUPP CELTIC MED SUPP	97 ,882	49,346		20	0	0	0.0	0
Yes	MS POL I-IN		No	. 0034000	09/14/1992				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	l0 <sup>1</sup>
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	3						105,597	61,261	58.0	22	0	0	0.0	0
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0299999 To	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

		FOR THE STATE OF South Dakota		
NAIC Gr	oup Code	1295	NAIC Company Code	80799
Address	(City, State	and Zip Code) Chicago, IL 60601	. ,	
Person (	Completing 1	his Exhibit David J. Burke		
Title	Controller.		Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		,
										11	Incurred		14	15	Incurred		18
											12	13			16	17	i l
		Standardized					5.										
Compliance	Daliay Form	Medicare	Medicare	Plan Character-	Date	Date	Date Last	Date	Delieu Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Select	istics	Approved	Approval Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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Yes	MS POL A-IN	A	No	0034000	01/14/1993				CELTIC MED SUPP.	0	0	0.0	0	0	0	0.0	i0
												0.0				0.0	<sub> </sub>
Yes	MC DOL D. IN	n	No No		01/14/1993			· · · · · · · · · · · · · · · · · · ·	CELTIC MED CURR	3,971	2 642	0.0 91.0					
Yes	MS POL D-IN MS POL F-IN	F	No	0034000 0034000	01/14/1993				CELTIC MED SUPP		3,613 25,817	51.5	7	I0	0 	0.0	<sup>0</sup>
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES		017 117 1000				OLETTO MED COLL	54.086	29,430	54.4	8	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	. 0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Tennessee		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2014			Policies Issued in	2015, 2016, 2017	,
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
				1							12	13			16	17	1
Compliance with OBRA	Policy Form	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character- istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
				10,100													1
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Yes	MS POL C-IN		No	. 0034000	02/12/1993				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0 0.0	0
YesYes	MS POL F-IN	F	NoNo.	0030000	06/03/1992				CELTIC MED SUPP	14,719	6,953	0.0 47.2 0.0	3	0	0	0.0 0.0 0.0	0
	OTAL EXPERIEN	CE ON INDIVID			0070071992				CELITO WED SUFF	14.719	6,953	47.2	3	0	0	0.0	
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0299999 T	OTAL EXPERIEN	CE ON GROUP	PPOLICIES							0	0	0.0	0	1 0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



#### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Texas		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5/01

1 1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		7
				1 1						11	Incurred	Claims	14	15	Incurred	Claims	18
				1 1							12	13			16	17	
		Standardized		1 1													
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance		Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
V	MC DOL A IN	,	M-	0004000	05/44/4000	44 /00 /0005	44 /20 /2040	40/04/0040	CELTIC MED CUDD	3.942	202	7.4		0		0.0	0
Yes Yes	MS POL A-IN MS POL B-IN	A	No No	0034060 0034060	05/14/1992 05/14/1992 04/26/1993	11/23/2005	11/30/2010	12/31/2010	CELTIC MED SUPP	5,942   0	292	0.0			J	0.0 0.0	 N
Yes	MS POL C-IN	С.	No	0034060	04/26/1993				CELTIC MED SUPP	6,155	1,004	16.3	1	0	0	0.0	0
Yes	MS POL C-IN MS POL D-IN	D	No	0034060	11/15/1994 05/14/1992				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	0
Yes	MS POL F-IN	F	No	0034060 0034060	05/14/1992				CELTIC MED SUPP CELTIC MED SUPP CELTIC MED SUPP	211,400	190,945	90.3	38	0	0	0.0	0
	MS POL 1-IN		No	0034060	05/14/1992				CELTIC MED SUPP	16,817	904	5.4	2	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES							238,314	193 , 145	81.0	42	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROUP	POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

	FOR THE STATE OF U.S. Virgin Islands	
NAIC Group Code 1295		NAIC Company Code 80799
Address (City, State and Zip Code)	Chicago, IL 60601	
Person Completing This Exhibit		
Title		Telephone Number

1	2	3	4	5	6	7	8	9	10			Through 2014			Policies Issued in		<i>,</i>
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
			<u> </u>														
0199999 TO	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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0299999 TO	OTAL EXPERIENCE	CE ON GROU	IP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O"



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

			FOR THE STATE OF Utah		
IAIC G	roup Code	1295		NAIC Company Code	80799
Address	(City, State	and Zip	Code) Chicago, IL 60601		
Person	Completing 7	This Exh	bit David J. Burke		
itle	Controller.			Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		,
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
																	1
								·····				0.0 0.0				0.0 0.0	
Yes	MS POL C-IN		No	. 0034000	02/03/1993				CELTIC MED SUPP	Λ		0.0		· · · · · · · · · · · · · · · · · · ·		0.0	
169	MIS FOL G-IN		NU	. 0034000	02/03/1993			·····	CLLITC WILD SUFF		0	0.0	0		0	0.0	ſ
Yes	MS POL F-IN	F	No	0034000	04/06/1992				CELTIC MED SUP.	9,153	12,501	136.6	2	0	0	0.0	0
	OTAL EXPERIEN	CE ON INDIVI								9,153	12,501	136.6	2	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	1 0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Vermont		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued					2015, 2016, 2017	,
										11	Incurred		14	15		l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					· · · · · · · · · · · · · · · · · · ·							0.0				0.0	
		ł					ļ		OF THE MED OURD	45.000	40.075	0.0				0.0	
Yes	MS POL C-IN		No No	0034000	10/06/1992 10/06/1992		·····		CELTIC MED SUPP	15,236 4,120	16,275	106.8	6	0	0	0.0	0
		J			10/06/1992				CELITO MED SUPP		534	13.0	2		0	0.0	0
0199999 1	OTAL EXPERIEN	CE ON INDIVIL	DUAL POLICIES	<u> </u>						19,356	16,809	86.8	8	0	0	0.0	0
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0299999 To	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.
- 4. Explain any policies identified above as policy type "O"

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Virginia		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		7
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of	l <u> </u>		Percent of	Number of
Compliance		Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums	l	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	۸ ا	No	0034000	07/12/1992				CELTIC MED SUPP.	2.855	1,347	47.2	2	1	0	0.0	1
163	MIO TOL A-TN			. 0034000	0171271332				, CELTIC WED SOIT	2,000	, ,047	0.0	<u>∠</u>			0.0	
												0.0				0.0	
Yes	MS POL D - IN MS POL F-IN	D	No	0034000	07/12/1992 07/12/1992 07/12/1992				CELTIC MED SUPCELTIC MED SUPP	14,489	13,532	93.4	5	0	0	0.0	0 !
Yes	MS POL F-IN	ļ	No	. 0034000	07/12/1992				CELTIC MED SUPP	60,904	29,637	48.7	19	0	0	0.0	0 !
	MS POL I-IN		No	. 0034000	07 / 12 / 1992				CELTIC MED SUPP	9,207	132	1.4	2	0	0	0.0	0
0199999 1	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES	; 					1	87,455	44,648	51.1	28	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	PPOLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Washington		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2014			Policies Issued in	2015, 2016, 2017	/
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1 1
		Standardized															1 1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
Compliance with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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0199999 T	OTAL EXPERIENCE	CE ON INDIVI	DUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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T 0299999 I	OTAL EXPERIENCE	JE ON GROU	IP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

	FOR THE STATE OF West Virginia		
NAIC Gr	oup Code 1295	 NAIC Company Code	80799
Address	(City, State and Zip Code) Chicago, IL 60601	 	
Person (	Completing This Exhibit David J. Burke		
Title	Controller	 Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014  11 Incurred Claims 14					,		
										11		l Claims	14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized		l <u>_</u> .													
		Medicare		Plan		Date	Date	<b>5</b> /				Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-		Approval	Last	Date	Policy Marketing Trade Name	Premiums	A 4	Premiums	Covered	Premiums	A	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	
Yes	MS POL B-INMS POL C-IN	В	No	0034000	02/09/1993 02/09/1993				CELTIC MED SUPPCELTIC MED SUPP	4,320	3,678	0.0 85.1 52.2	1	0	0	0.0	0
Yes	MS POL C-IN		No	. 0034000	02/09/1993				CELTIC MED SUPP	6,284	3,280	52.2	1	0	0	0.0	0
	MO BOL E IN		NI NI	. 0034000	00/00/4000				OFITIO MED OUR	40.007	5.040	0.0				0.0	
	MS POL F-IN		No		02/09/1993				CELTIC MED SUP.	12,827	5,042	39.3	3	0	0	0.0	0
0199999 1	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>					1	23,431	12,000	51.2	5	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		1
										11	Incurred		14	15	Incurred		18
1											12	13			16	17	1
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 TO	OTAL EXPERIENC	CE ON INDIVI	<b>IDUAL POLICIES</b>							0	0	0.0	0	0	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROU	JP POLICIES	1	T	-				0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017 (To Be Filed by March 1)

FOR 1	THE STATE OF Wyoming		
NAIC Group Code 1295		NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601			
Person Completing This Exhibit David J. Burke			
Title Controller		Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		7
										11	Incurred	Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0 0.0	
Yes	MS POL C-IN	· · · · · · · · · · · · · · · · · · ·	No	. 0034000	08/03/1993				CELTIC MED SUPP	Λ	Λ	0.0	Λ	l	h	0.0	
165	MIS FOL G-111		١١٠٠	. 0034000	0070371333				CLLITC WILD SUFF			0.0			0	0.0	
Yes	MS POL F-IN	F	No	0034000	12/01/1992				CELTIC MED SUPP.	9,195	(250)	(2.7)	1	0	0	0.0	0
	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							9,195	(250)	(2.7)	1	0	0	0.0	0
0.00000.	<u> </u>	02 011 110111	20,12,02,0,20							0,100	(200)	(2)			Ů	0.0	
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0200000 T	OTAL EXPERIEN	CE ON CROLL	D DOLICIES			ļ				0	^	Λ Λ	^	^	0	Λ Λ	^
_ ∪∠99999 I	OTAL EXPERIEN	CE ON GROU	r fuliuies							U	0	0.0	0	1	1	0.0	1

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

  - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.

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# LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The	CELTIC INSURANCE	COMPANY				Insurance Company
Address (City, State	and Zip Code)	Chicago,	IL 60601			
NAIC Group Code	1295		NAIC Company C	ode 80	799 Employer's ID Number	06-0641618

### SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

# **EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS**

	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
1	2	3	4	5	6
				One dit	
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
LIFE INSURANCE:	044.004		•		•
	314,621		314,621 11		
0100003. 58 CSO 3.5% CRF	2,898		2,898		
0100004. 80 CSO 4.0% CRVM CNF	43,006		43,006		
0199997. Totals (Gross)	360,536	0	360,536	0	(
0199998. Reinsurance ceded 0199999. Totals (Net)	360,536	0	360,536	0	(
ANNUITIES (excluding supplementary contracts with life	U	U	U	U	
contingencies):					
	3,066,195	XXX	3,066,195	XXX	•
	603,395	XXX	603,395	XXX	• • • • • • • • • • • • • • • • • • • •
0299997. Totals (Gross)	3,669,590	XXX	3,669,590	XXX	(
0299998. Reinsurance ceded	0	XXX		XXX	
0299999. Totals (Net)	3,669,590	XXX	3,669,590	XXX	(
SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES:					
0399997. Totals (Gross)	0	0	0	0	(
0399998. Reinsurance ceded	0	0	U	0	
0399999. Totals (Net)	0	0	0	0	(
ACCIDENTAL DEATH BENEFITS:	,	•		Ů	
0499997. Totals (Gross)	0	0	0	0	(
0499998. Reinsurance ceded	0				
0499999. Totals (Net)	0	0	0	0	(
DISABILITY-ACTIVE LIVES:					
0500001. 52 DIS STUDY -PER 2 WITH 80 CS0 4% NB	615		615		
0599997. Totals (Gross)	615	0	615	0	(
0599998. Reinsurance ceded	615	0	615	^	(
0599999. Totals (Net) DISABILITY-DISABLED LIVES:	0	0	0	0	(
0699997. Totals (Gross)	0	0	0	0	(
0699998. Reinsurance ceded	0	0	0	0	
0699999. Totals (Net)	0	0	0	0	(
MISCELLANEOUS RESERVES:					
For surrender values in excess of reserves	47.000		47.000		
· ·	17,298		17,298		
				ļ	
0700007 Totala (Cross)	47 000	۸	47 000	^	
0799997. Totals (Gross) 0799998. Reinsurance ceded	17,298	0	17,298	0	(
0799998. Reinsurance ceded 0799999. Totals (Net)	17,298	0	17,298	0	(
		U	11,290	. 0	



# **EXHIBIT 5 - INTERROGATORIES**

	Has the reporting entity ever issued both participating and non-participating contracts?  If not, state which kind is issued.	Yes	[ ]	No	[ X ]
2.1 2.2	Does the reporting entity at present issue both participating and non-participating contracts?  If not, state which kind is issued.	Yes	[ ]	No	[ X ]
3.	Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?	Yes	[ X ]	No	[ ]
4.	Has the reporting entity any assessment or stipulated premium contracts in force?	Yes	[ ]	No	[ X ]
	If so, state:		. ,		. ,
4.1	Amount of insurance?				
4.2	Amount of reserve?				
4.3	Basis of reserve:				
4.4	Basis of regular assessments:				
4.5	Basis of special assessments:				
4.6	Assessments collected during the year: \$\$				
5.	If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.				
6.	Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?	Yes	[ ]	No	[ X ]
6.1	If so, state the amount or reserve on such contracts on the basis actually held:				
6.2	That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:  Attach statement of methods employed in their valuation.				
7.	Does the reporting entity have any Synthetic GIC contracts, or agreements in effect as of December 31 of the current				
•	year?	Yes	[ ]	No	[ X ]
7.1	If yes, state the total dollar amount of assets covered by these contracts or agreements?				
7.2	Specify the basis (fair value, amortized cost, etc.) for determining the amount:				
7.3	State the amount of reserves established for this business:				
7.4	Identify where the reserves are reported in the blank:				
8.	Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?	Yes	[ ]	No	[ X ]
8.1	If yes, state the total dollar amount of account value covered by these contracts or agreements:				
	State the amount of reserves established for this business:				
8.3	Identify where the reserves are reported in the blank:				
9.	Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?			No	
9.1	If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders\$				
9.2	State the amount of reserves established for this business: \$				
9.3	Identify where the reserves are reported in the blank:				

# SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

# **EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS**

		1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
		Total	Contracts	Annulues Certain	Contracts	Refulius	i ulius
1.	Balance at the beginning of the year before reinsurance	0					
2.	Deposits received during the year	0					
3.	Investment earnings credited to the account	0					
4.	Other net change in reserves	0					
5.	Fees and other charges assessed	0					
6.	Surrender charges	0	$\bigcap$				
7.	Net surrender or withdrawal payments	0	<b>UI</b>				
8.	Other net transfers to or (from) Separate Accounts	0					
9.	Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8)	0	0	0	0	0	0
10.	Reinsurance balance at the beginning of the year	0					
11.	Net change in reinsurance assumed	0					
12.	Net change in reinsurance ceded	0					
13.	Reinsurance balance at the end of the year (Lines 10+11-12)	0	0	0	0	0	0
14.	Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

### SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

# **SCHEDULE S - PART 1 - SECTION 1**

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

	Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year											
1 NAIC Company	2	3	4	5 Domiciliary	6 Type of Reinsurance	7 Amount of In Force	8	9	10 Reinsurance Payable on Paid	11 Modified Coinsurance	12 Funds Withheld	
Code	ID Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	at End of Year	Reserve	Premiums	and Unpaid Losses		Under Coinsurance	
	ount - Non-Affili	ates - U.S. Non-A	Affiliates	Cancalon	7.00000	ut 2.10 01 1001	11000110		and onpaid 200000	11000110	Ciraci Comountance	
67814	06-0493340	12/01/1976	IPHOENIX LIFE INS CO	NY	ACO/I		462,330					
67814 80926	06-0893662	12/01/1970	PHOENIX LIFE INS CO	CT	ACO/1							
0899999 -	Total - General	Account - Non-Aff	iliates - U.S. Non-Affiliates			0	684,113	(	0	0	0	
1099999 -	Total - General	Account - Non-Aff	filiates - Total Non-Affiliates			0	684,113	(	0	0	0	
1199999 -	Total - General	Account - Total G	General Account			0	684,113	(	0	0	0	
2399999 -	Total U.S. (Sum	of 0399999 08999	General Account 199, 1499999 and 1999999)			0	684,113	Č		0	0	
2000000	10101 0101 (00	1	1 100000 4.14 1000000)			Ť	001,110				·	
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9999999	Totals			•		0	684,113	(	0	0	0	
3000000	101010					· · · · · · · · · · · · · · · · · · ·	007,110		0	0	0	

### SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

# **SCHEDULE S - PART 3 - SECTION 1**

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

			surance Ceded Life Insurance, Annuities, D	eposit Funds and G		thout Life or Disai								
1	2	3	4	5	6	7	8	Reserve Cre	edit Taken	11	Outstanding :	Surplus Relief	14	15
NAIC					Type of	Type of		9	10		12	13	Modified	Funds Withheld
Company	ID	Effective		Domiciliary	Reinsurance	Business	Amount in Force						Coinsurance	Under
Code	Number	Date	Name of Company	Jurisdiction	Ceded	Ceded	at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
General Acc			es – U.S. Non-Affiliates											
61689	42-0175020	01/01/1996	ATHENE ANN & LIFE CO	IA	CO/I	OL	7,674,000	361,151	412,084	59,538				
61689	42-0175020	01/01/1996	ATHENE ANN & LIFE CO	IA	DIS/I	OL	1,693,017	615	639					
68276 82627	48-1024691	12/31/1980	EMPLOYERS REASSUR CORP	KS	COFW/I								3,669,590	1,597,342
	06-0839705		SWISS RE LIFE & HLTH AMER INC.	MO	0TH/ I	OL	11,250			215				
			Non-Affiliates – U.S. Non-Affiliates				9,378,267	361,766	412,723	59,753	0	0	3,669,590	
			Non-Affiliates – Total Authorized Non-Affiliates				9,378,267	361,766	412,723	59,753	0	0		
			Total General Account Authorized				9,378,267	361,766	412,723	59,753	0	0	3,669,590	
			Account Authorized, Unauthorized and Certified				9,378,267	361,766	412,723	59,753	0	0	*,***,***	
6999999 -	Total U.S. (Sum	of 0399999, 089	9999, 1499999, 1999999, 2599999, 3099999, 379999	9, 4299999, 4899999,	5399999, 5999999 and	6499999)	9,378,267	361,766	412,723	59,753	0	0	3,669,590	1,597,342
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9999999	l otals						9,378,267	361,766	412,723	59,753	0	0	3,669,590	1,597,342



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2017

AIC Group Code 1	295		<u>INSURANCI</u>	NAIC Company Co	ode 80799	
	DIRECT PREMIUMS NNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
		1,841	and individual)	Gloup	Illuustilai	1 84
	erations					1 , 04
2. Allifulty consider	ontract funds		VVV		VVV	
					ΛΛΛ	
5. Totals (Sum of	ations	1.841	Λ	0	0	1.8
	T DIVIDENDS TO POLICYHOLDERS	1,041	U	0	U	1,0
Life insurance:	I DIVIDENDS TO POLICYHOLDERS					
	n or left on denocit					
6.1 Paid in casi	h or left on deposit					
	-,					
	provide paid-up additions or shorten the					
6.4 Other	of Lines 6.1 to 6.4)	0	Λ	0	0	
Annuities:	1 Of Lifes 6.1 to 6.4)				<sup>0</sup>	
	n or left on deposit					
	provide paid-up annuities					
	brovide paid-up armuities					
	of Lines 7.1 to 7.3)		0	0	0	
8. Grand Totals (L				h		
	CT CLAIMS AND BENEFITS PAID	U	U	0	- 0	
	/ments					
	S					20 0
	es and withdrawals for life contracts	20 , 000				20 , 0
	e-ins for miscellaneous direct claims and					
henefits naid		0	0	0	0	
14 All other henefi	ts, except accident and health					
15. Totals	to, except decident and nearth	20.000	0	0	0	20.0
DETAILS OF V	VRITE-INS	20,000			- v	20,0
301.						
302			·····			
303						
398 Summary of re	maining write-ins for Line 13 from overflow					
page		0	0	n l	0	
399 Total (Lines 13	01 through 1303 + 1398) (Line 13 above)	0	0	n l	ñ l	

	Ordinary			edit Life	,	Group	Inc	dustrial		Total
			(Group and Individual)		5 6		7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									_	0
Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims.									0	0
18.4 Reduction by		0	[ 	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0 0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	15	395 000	0	(a) 0	0	0	0	0	15	395 000
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(55,000)							(2)	(55,000)
23. In force December 31 of current year	13	340,000	0	(a) 0	0	0	0	0	13	340,000

current year \$ .. current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group policies (b)											
24.1 Federal Employees Health Benefits Plan premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively renewable policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)	131,851	133,289		57 , 267	52,492						
I 25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)	131,851	133,289	]0	57 , 267	52,492						
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	131.851	133.289	1 0	57.267	I 52.492						

and number of persons insured under indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2017

C Group Code 1295	LIFE	INSURANC		NAIC Company Code 80799			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
1. Life insurance		····					
		vvv		XXX			
Deposit-type contract funds							
- Curor Corroladorations	Λ						
5. Totals (Sum of Lines 1 to 4)	U	U	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	J0 J	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
13. Aggregate write-ins for miscellaneous direct claims and	_						
benefits paid	0		0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
)2							
03							
98. Summary of remaining write-ins for Line 13 from overflow							
pagé	0	Q	0	Q			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

			Cre	edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			111u. Fois.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year		0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									n	١
18.2 By payment on									 	0 
compromised claims .									0	0
18.3 Totals paid	0	0	0	0			0	0	0	0
18.4 Reduction by										
compromise									٥	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-					_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)	· Olloica					
prior year	0	0	0	0	n	0	0	0	n	0
21. Issued during year										<u>0</u>
22. Other changes to in force										
(Net)									٥	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
a) Includes Individual Credit I	ifa Inguranas	u prior voor C			rent vear \$					

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .... current year \$ ... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	DRANCE		
	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	3,898	3,896		344	384
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	3,898	3,896	0	344	384
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3.898	3.896	0	344	384

indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2017

1	2	3	NAIC Company C		
	Credit Life (Group	•	4	5	
Ordinary	and Individual)	Group	Industrial	Total	
517				5	
	XXX		XXX		
517	0	0	0	5	
0	0	0	0		
	<del></del>				
	U	U			
U	U	0	0		
۸	ا ۱	ا ۱	0		
0	0	0	0		
0	Ŭ	•	-		
n	n l	n l	n l		
0	n l	n l	0		
	0				

	0	rdinary		edit Life ind Individual)	(	Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims . 18.3 Totals paid								0		0
18.4 Reduction by compromise18.5 Amount rejected			<u> </u>						0 0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-			0		0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year		70,000	0	(a) 0	0	0	0	0	2 0	70,000 0
(Net)		70.000	0	(a) 0	n	0	0	0	0	0
(a) Includes Individual Credit I		- ,			rrent vear \$	0	0	0		70,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .... .... current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	.NI AND HE	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	9,847	11,210		11,450	11,427
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	9,847	11,210	0	11,450	11,427
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	9.847	11.210	1 0	11.450	l 11.427

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products...... ..... and number of persons insured under indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2017

IC Group Code 1295	LIFE	INSURANC	<b>L</b>	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	4,359				4,3
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
5. Totals (Sum of Lines 1 to 4)	4,359	0	0	0	4,:
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	l0 <b> </b>	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0 L	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits		i			
10. Matured endowments					
11. Annuity benefits	24 000				24
12. Surrender values and withdrawals for life contracts					······································
13 Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	n l	n l	n l	
14. All other benefits, except accident and health					
15. Totals	24.000	0	0	0	24,
DETAILS OF WRITE-INS	21,000	<u> </u>	<u> </u>	<u>-</u>	Δ¬,
DETAILS OF WRITE-INS					
02.					
03					
98. Summary of remaining write-ins for Line 13 from overflow	Λ.	_	0	_	
page	0	0	0	0	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	Ü	0	0	0	

	0	rdinary		edit Life and Individual)	,	Group	Inc	dustrial		Total
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										_
Settled during current year:										0
18.2 By payment on			İ						0	0
compromised claims.									0	0
18.4 Reduction by		[0	]0	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected		l .							0 0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1		0	(a) 0	0	0	0	0	1	50,000
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	50,000	0	(a) 0	0	0	0	0	1	50,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ ... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

ACCIDE	IN I AND HE	AL 111 11130	JIVANOL		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual Policies.		1			l
Non-cancelable (b)     Guaranteed renewable (b)     Non-renewable for stated reasons only (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	380 , 826 , 585	380,826,585		257 , 387 , 568	280 , 142 , 670
25.4 Other accident only					
25.5 All other (b)					
25.4 Other accident only		380,826,585	0	257 , 387 , 568	280,142,670
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	380 826 585	380 826 585	1 0	257 387 568	280 142 670

indemnity only products



DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2017

IC Group Code	1295	LIFE INSURANCE NAIC Company Code 8						
		1	2	3	4	5		
4115	DIRECT PREMIUMS	Outline	Credit Life (Group		1.4.424	T. ( - )		
	ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
	e		·····					
2. Annuity cons	iderations							
	contract funds		XXX		XXX			
	0.440.0							
5. Totals (Sum		0	0	0	0			
	CT DIVIDENDS TO POLICYHOLDERS							
Life insurance								
	ash or left on deposit							
	o pay renewal premiums							
	o provide paid-up additions or shorten the							
	ent or premium paying period							
	um of Lines 6.1 to 6.4)	0	0 <b> </b>	0	0			
Annuities:								
7.1 Paid in ca	ash or left on deposit							
7.2 Applied to	o provide paid-up annuities							
	um of Lines 7.1 to 7.3)	0	0	0	0			
	(Lines 6.5 + 7.4)	0	0	0	0			
DIF	RECT CLAIMS AND BENEFITS PAID							
9. Death benefit	ts							
	owments							
11. Annuity bene	fits	135 , 050				135,0		
13. Aggregate wi	rite-ins for miscellaneous direct claims and							
benefits paid		0	L0 L	0	0			
14. All other bene	efits, except accident and health							
15. Totals		135,050	0	0	0	135,0		
DETAILS OF	WRITE-INS							
301			<u> </u>					
302								
303								
398. Summary of i	remaining write-ins for Line 13 from overflow							
page	g	0	L0 <b>L</b>	0	0			
399. Total (Lines	1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	O	rdinary		edit Life and Individual)	(	Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										_
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims.									0	0
18.3 Totals paid 18.4 Reduction by compromise		0	l0	0	0	0	0	0	0	0
18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year	0	0	0	(a) 0	0	0	0	0	0 0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .... current year \$ .. current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	DRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	13,281	13,276		2,784	1,669
25.3 Non-renewable for stated reasons only (b)			1		
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	13,281	13,276	0	2,784	1,669
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13.281	13.276	0	2.784	1.669

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products...... and number of persons insured under indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2017

C Group Code 1295		INSURANCI		NAIC Company Code 8079		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 <u> </u>	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		<del> </del>				
7.4 Totals (sum of Lines 7.1 to 7.3)	U	<u> </u>	D	U		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
Aggregate write-ins for miscellaneous direct claims and benefits paid	Λ	l	ا ۱	n l		
14. All other benefits, except accident and health	υ		J			
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS			<u> </u>	<u> </u>		
01						
03.						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	0	0	0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0		0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT  20. In force December 31, prior year		0	0	(a) 0	No. of Policies	0	0	0	0	0
23. In force December 31 of current year (a) Includes Individual Credit I	0	0	0	(a) 0	0	0	0	0	0	0

### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... ..... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	-INI AND IIL	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
<ul> <li>24.2 Credit (Group and Individual)</li> <li>24.3 Collectively renewable policies (b)</li> <li>24.4 Medicare Title XVIII exempt from state taxes or fees</li> </ul>					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,305	6,659		1,553	1,069
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	6 , 305	6,659	]0	1,553	1,069
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	6.305	6.659	1 0	1.553	I 1.069

indemnity only products ....



DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2017

IC Group Code 1295	LIFE	NAIC Company C	NAIC Company Code 80799			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	438				4	
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	438	0	0	0	4	
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other		<u> </u>				
6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 L	0	0		
Annuities:						
7.1 Paid in cash or left on deposit		l				
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	L0 L	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01						
02.						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	[0	0	Q L		
199. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary	Credit Life (Group and Individual) Group		Group	In	dustrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
yearSettled during current year:									0	0
18.1 By payment in full 18.2 By payment on compromised claims .										0
18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected								0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current	0	0	0	0	0	0	0	0	0	0
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)0	0	0	0	0	6	110,000
21. Issued during year									(2)	(10,000)
23. In force December 31 of current year (a) Includes Individual Credit I.	ifo Incurance	100,000	0	(a) 0	0	0	0	0	4	100,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	-INI AND IIL	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	179,047	181 , 162		100,398	104 , 157
I 25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	179,047	181 , 162	]0	100,398	104 , 157
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	179.047	181.162	1 0	100.398	l 104.157

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products...... and number of persons insured under indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2017

AIC Group Code 1295	LIFE	<b>INSURANC</b>	E	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	70				J	
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	70	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 <b> </b>	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits	10,000				10,0	
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	[0 <u> </u>	0	0		
14. All other benefits, except accident and health						
15. Totals	10,000	0	0	0	10,0	
DETAILS OF WRITE-INS						
801.						
302.						
398. Summary of remaining write-ins for Line 13 from overflow			İ			
page	0	[0 <u> </u>	0	0		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary	Credit Life (Group and Individual) Group		Inc	dustrial		Total		
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims . 18.3 Totals paid								0		0
18.4 Reduction by compromise			<u> </u>					0	0 0	0 0 0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.					No. of Policies					
prior year21. Issued during year22. Other changes to in force				0	0	0	0	0	2	30,000
(Net)	2	30,000	0	(a) 0	0	0	0	0	0	30,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JIANGE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	16,027	16,020		15,578	15,337
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	16,027	16,020	0	15,578	15,337
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16.027	16.020	1 0	15.578	15.337

indemnity only products ....



DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2017

NAIC (	Group Code 1295	LIFE	INSURANC	E	NAIC Company Code 80799		
		1	2	3	4	5	
	DIRECT PREMIUMS		Credit Life (Group	_			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
	Life insurance					0	
	,					0	
	= -		XXX		XXX	0	
	C to to to to to to to to to to to to to					0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0	
	6.4 Other					0	
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0	
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					0	
10.	Matured endowments					0	
11.	Annuity benefits					0	
12.	Surrender values and withdrawals for life contracts					0	
13.	Aggregate write-ins for miscellaneous direct claims and						
	benefits paid	0	0	0	0	0	
14.	All other benefits, except accident and health					0	
15.	Totals	0	0	0	0	0	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1398.	Summary of remaining write-ins for Line 13 from overflow			İ			
	page	0	l0	0	0	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0	

			Cre	edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			111u. Fois.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year		0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									n	١
18.2 By payment on									 	0 
compromised claims .									0	0
18.3 Totals paid	0	0	0	0			0	0	0	0
18.4 Reduction by										
compromise									٥	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-					_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)	· Olloica					
prior year	0	0	0	0	n	0	0	0	n	0
21. Issued during year								[		<u>0</u>
22. Other changes to in force										
(Net)									٥	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
a) Includes Individual Credit I	ifa Inguranas	u prior voor C			rent vear \$					

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .... current year \$ .... .... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.2 Guaranteed renewable (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	<u>0</u>
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

indemnity only products



DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2017

AIC Grou	up Code 1295	LIFE	INSURANCI		NAIC Company Code 80799		
		1	2	3	4	5	
	DIRECT PREMIUMS		Credit Life (Group	_			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
	fe insurance	845				84	
2. An	nnuity considerations						
	eposit-type contract funds		XXX		XXX		
5. To	otals (Sum of Lines 1 to 4)	845	0	0	0	8	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	fe insurance:						
6.1	1 Paid in cash or left on deposit						
6.2	2 Applied to pay renewal premiums						
6.3	3 Applied to provide paid-up additions or shorten the						
	endowment or premium paying period						
	4 Other						
6.5	5 Totals (sum of Lines 6.1 to 6.4)	0	L0 <b> </b>	0	0		
	nnuities:						
7.1	1 Paid in cash or left on deposit						
7.2	2 Applied to provide paid-up annuities						
7.3	3 Other						
7.4	4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0		
8. Gr	rand Totals (Lines 6.5 + 7.4)	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID						
9. De	eath benefits	(42)				(	
	atured endowments						
11. An	nnuity benefits						
12. Su	urrender values and withdrawals for life contracts						
13. Ag	agregate write-ins for miscellaneous direct claims and						
be	enefits paid	0	L0 L	0	0		
14. All	I other benefits, except accident and health						
15. To	otals	(42)	0	0	0	(-	
DE	ETAILS OF WRITE-INS	• ,					
301							
302							
303							
398. Su	ummary of remaining write-ins for Line 13 from overflow						
	page	0	L0 L	0 L	0 L		
399 To	otal (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Oı	rdinary		edit Life and Individual)		Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year		(42)							0	(42)
Settled during current										
year:										
18.1 By payment in full		(42)							0	(42)
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid		(42)	۵	0	0	0	0	0	0	(42)
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	(42)	0	0	0	0	0	0	0	(42)
19. Unpaid Dec. 31, current										
year (Lines 16+17-	.			_	_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,	i			(a)						
prior year	7	465 ,000	٥	0	0	L0	l0	L0	7	465,000
21. Issued during year									0	L0
22. Other changes to in force	ļ									
(Net)									0	0
23. In force December 31				(a)						
of current year	7	465,000	0	0	0	0	0	0	7	465,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .... current year \$ .... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND REALTH INSURANCE										
	1	2	3	4	5					
			Dividends Paid or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group policies (b)  24.1 Federal Employees Health Benefits Plan premium (b)  24.2 Credit (Group and Individual).  24.3 Collectively renewable policies (b)  24.4 Medicare Title XVIII exempt from state taxes or fees  Other Individual Policies:										
24.1 Federal Employees Health Benefits Plan premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other individual Folicies.			1							
<ul> <li>25.1 Non-cancelable (b)</li> <li>25.2 Guaranteed renewable (b)</li> <li>25.3 Non-renewable for stated reasons only (b)</li> </ul>										
25.2 Guaranteed renewable (b)	4,382,990	4 , 444 , 045		4,026,131	4,043,782					
25.3 Non-renewable for stated reasons only (b)	714,643,347	714,643,347		483,038,869	525,696,232					
25.4 Other accident only										
25.5 All other (b)										
25.5 All other (b)	719,026,337	719,087,392	0	487,065,000	529,740,014					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	719.026.337	719.087.392	0	487.065.000	529.740.014					

indemnity only products ....



DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2017

IAIC (	Group Code 1295	LIFE	INSURANCI	E	NAIC Company C	ode 80799
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
- 1		162		Gloup	iliuustilai	10tai
١.	Life insurance Annuity considerations	162				102
	,		XXX		vvv	
	Other considerations					
	Totals (Sum of Lines 1 to 4)	162	Λ	0	·····	162
5.	DIRECT DIVIDENDS TO POLICYHOLDERS	102	U	0	0	102
	Life insurance:					
	6.1 Paid in cash or left on deposit					(
						ر
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period					
		Λ	0			
	6.5 Totals (sum of Lines 6.1 to 6.4)	U		l		
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					
	7.3 Other		·			
_	7.4 Totals (sum of Lines 7.1 to 7.3)		0	J	n	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
	Matured endowments					
	Surrender values and withdrawals for life contracts					
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0		0	
	All other benefits, except accident and health					
15.	Totals	0	0	0	0	
	DETAILS OF WRITE-INS					
1398.	Summary of remaining write-ins for Line 13 from overflow					
	page		0 <b> </b>	0	D	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	1

	0	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
year  Settled during current year:  18.1 By payment in full									0	0
18.2 By payment on compromised claims . 18.3 Totals paid										0
18.4 Reduction by compromise									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a) 0	0	0	0	0	2	260,000
22. Other changes to in force (Net)									(1)	(250,000)
of current year  (a) Includes Individual Credit I.	ifo Inquirona	10,000	0	(a) 0	rrent vear \$	0	0	0	1	10,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... ..... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Cledit (Gloup and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	320,812	320,519		287 , 211	272,880
25.3 Non-renewable for stated reasons only (b)	~				
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	320,812	320,519	J0	287 , 211	272,880
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	320,812	320,519	0	287,211	272,880

.....91 indemnity only products



DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2017

NAIC (	Group Code 1295	LIFE	INSURANC	CE	NAIC Company Code 80799		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance					0	
2.						0	
3.	Deposit-type contract funds		XXX		XXX	L0	
	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0	
	endowment or premium paying period					0	
	6.5 Totals (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit		0	0	0	0	
	7.2 Applied to provide paid-up annuities					0	
8.	7.4 Totals (sum of Lines 7.1 to 7.3)	0 0	0   0	0   0	0 0	[0   0	
	DIRECT CLAIMS AND BENEFITS PAID					0	
	Death benefits					LU	
	Annuity benefits Surrender values and withdrawals for life contracts		l l			0 	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	
						ļ0	
15.	Totals	0	0	0	0	0	
	DETAILS OF WRITE-INS						
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0	
	(		Ů	• 1		·	

			Cre	edit Life						
	O	rdinary	(Group a	nd Individual)	(	Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,					_					
prior year	0	0	0	0	0	0	0	0	L	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									_	٥
18.2 By payment on										<sup>0</sup>
compromised claims .									n	٥
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	0	0	Ω	0	0	0		0	ļ0	0
21. Issued during year									L	L0
22. Other changes to in force									_	
(Net)				(-)					الا	L0
23. In force December 31 of current year	0	0	0	(a)	0	0	0		١	١
(a) Includes Individual Credit I			U	U	rant vaar C	U	U	U	U	U

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... .... current year \$

current year \$ ...

### **ACCIDENT AND HEALTH INSURANCE**

ACCIDENT AND HEALTH INSCRANCE											
	1	2	3	4	5						
			Dividends Paid or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group policies (b)											
24.1 Federal Employees Health Benefits Plan premium (b)											
1 24.2 Credit (Group and Individual)											
24.3 Collectively renewable policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)	0	0	]0	0	<u> </u> 0						
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	1 0	1 0	0	1 0						

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2017

NAIC (	Group Code 1295	LIFE	INSURANC	E	NAIC Company	/ Code 80799
		1	2	3	4	5
	DIRECT PREMIUMS		Credit Life (Group			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
I	Life insurance					0
						0
	= -		XXX		ХХХ	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:					0
	6.1 Paid in cash or left on deposit					
	6.2 Applied to pay renewal premiums					U
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
	6.4 Other	Λ				0
	6.5 Totals (sum of Lines 6.1 to 6.4)	U	J	U	U	
	Annuities:					0
	7.1 Paid in cash or left on deposit					U
	7.2 Applied to provide paid-up annuities					U
	7.3 Other		·····	Λ	Λ	0
۰	Grand Totals (Lines 6.5 + 7.4)		U			
0.	DIRECT CLAIMS AND BENEFITS PAID	U	U	0	U	U
۵	Death benefits					0
	Matured endowments					 N
•	Annuity benefits					O
						0
	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	_	0	0	0
1399	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	D	ا ۱	 n	 N	
1000.	Total (Elliot 1991 tillough 1999 : 1999) (Ellio 19 above)	U	0	·	0	0

			Cre	edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			111u. Fois.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year		0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									n	١
18.2 By payment on									 	0 
compromised claims .									0	0
18.3 Totals paid	0	0	0	0			0	0	0	0
18.4 Reduction by										
compromise									٥	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-					_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)	· Olloica					
prior year	0	0	0	0	n	0	0	0	n	0
21. Issued during year								[		<u>0</u>
22. Other changes to in force										
(Net)									٥	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
a) Includes Individual Credit I	ifa Inguranas	u prior voor C			rent vear \$					

current year \$ .....

### **ACCIDENT AND HEALTH INSURANCE**

		1	2	3	4	5
				Dividends Paid or		
			Direct Premiums	Credited On Direct		Direct Losses
		Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group polic	ies (b)					
24.2 Credit (Gro	up and Individual)renewable policies (b)					
24.3 Collectively	renewable policies (b)					
24.4 Medicare T	renewable policies (b)itle XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1 Non-cancel	able (b)					
25.2 Guaranteed	d renewable (b)able for stated reasons only (b)					
25.3 Non-renewa	able for stated reasons only (b)					
25.4 Other accid	ent only					
25.5 All other (b)	<u> </u>					
25.6 Totals (sum	) of Lines 25.1 to 25.5)	0	0	0	0	0 İ
	es 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

5. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 23.0)	U U	U	U	U	1
(b) For health business on indicated lines report: Number of pers	ons insured under PPC	managed care produc	cts	and number of per	sons insured under
indemnity only products					



DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2017

IC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	3,553				3,5
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
5. Totals (Sum of Lines 1 to 4)	3,553	0	0	0	3,
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other		L			
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0 l	0 L	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	n l	0	
DIRECT CLAIMS AND BENEFITS PAID	Ů	<u> </u>	<u> </u>		
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and benefits paid	0	ا ۱	0	م ا	
14 All other handita account and backle		<sup>0</sup>	J		
	Λ	0	0	0	
15. Totals	U	0	0	U	
DETAILS OF WRITE-INS					
01					
02.					
03					
98. Summary of remaining write-ins for Line 13 from overflow			.	.	
page	0		0	0	
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life Ind Individual)	,	Group	In	dustrial		Total
	4	2	-	ilu illuiviuuai)			7		9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	/ No.	8 Amount	y No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									,	0
Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by		0	[Ω	0	0	0	0	0		0
compromise 18.5 Amount rejected									0 n	0 n
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	24	1 250 000	_	(a)	^		_	_	24	1 250 000
21. Issued during year			0	0		0		U	0	0
22. Other changes to in force (Net)	(2)	(120,000)							(2)	(120,000)
23. In force December 31 of current year	19	1,230,000	0	(a)	0	0	0	0	19	1,230,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)  24.1 Federal Employees Health Benefits Plan premium (b)  24.2 Credit (Creup and Individual).					
24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Non-cancelable (b)					
25.2 Guaranteed renewable (b)	29,023	33,459		22,968	19,656
25.3 Non-renewable for stated reasons only (b)	82,476,600	82,476,600		55,743,092	60,671,224
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	82,505,623	82,510,059	0	55,766,060	60,690,880
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	82,505,623	82 . 510 . 059	0	55.766.060	60,690,880

indemnity only products .....



DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2017

AIC Group Code 1295	LIFE INSURANCE NAIC Company Code 807							
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
Life insurance	695				6			
Deposit-type contract funds		ХХХ		XXX				
4. Other considerations								
5. Totals (Sum of Lines 1 to 4)	695	0	0	0	6			
DIRECT DIVIDENDS TO POLICYHOLDERS								
Life insurance:								
6.1 Paid in cash or left on deposit								
6.3 Applied to provide paid-up additions or shorten the								
endowment or premium paying period								
6.4 Other								
6.5 Totals (sum of Lines 6.1 to 6.4)	0	<u> </u> 0	0	0				
Annuities:								
7.1 Paid in cash or left on deposit								
7.2 Applied to provide paid-up annuities								
7.3 Other								
7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0				
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0				
DIRECT CLAIMS AND BENEFITS PAID								
9. Death benefits								
10. Matured endowments								
11. Annuity benefits								
12. Surrender values and withdrawals for life contracts								
13. Aggregate write-ins for miscellaneous direct claims and								
benefits paid	0	[0 <u> </u>	0	0				
14. All other benefits, except accident and health								
15. Totals	0	0	0	0				
DETAILS OF WRITE-INS								
01								
802.								
398. Summary of remaining write-ins for Line 13 from overflow		į į						
page	0	<u> </u> 0	0	0				
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0				

	0	rdinary	Credit Life (Group and Individual)		(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
yearSettled during current year:									0	0
18.1 By payment in full 18.2 By payment on compromised claims .										0
18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected								0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current	0	0	0	0	0	0	0	0	0	0
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a) 0	0	0	0	0	9	190,000
21. Issued during year									0 (1)	(50,000)
23. In force December 31 of current year (a) Includes Individual Credit I.	8	140,000	0	(a) 0	0	0	0	0	8	140,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN I AND HE	ALIII III 30	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)  24.1 Federal Employees Health Benefits Plan premium (b)  24.2 Credit (Creup and Individual).					
Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Non-cancelable (b)					
25.2 Guaranteed renewable (b)	384,874	381,404		201,870	187 , 673
25.3 Non-renewable for stated reasons only (b)	180 , 097 , 673	180,479,077		121,721,812	132,482,986
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	180 , 482 , 547	180,860,481	0	121,923,682	132,670,659
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	180.482.547	180.860.481	0	121.923.682	132.670.659

indemnity only products ....



DIRECT BUSINESS IN THE STATE OF lowa

DURING THE YEAR 2017

IC Group Code 1295	LIFE	NAIC Company C	C Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	127				1
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	127	0	0	0	1
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	43				
10. Matured endowments		[			
11. Annuity benefits					
13. Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	L0 L	0 L	0	
14. All other benefits, except accident and health					
15. Totals	43	0	0	0	
DETAILS OF WRITE-INS					
01.					
02.					
98. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0	0	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	n l	0	

			Cr	edit Life						
	O	rdinary	(Group a	and Individual)	(	Group	ln-	dustrial		Total
DIDECT DEATH	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			111u. Pois.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	0	43							0	43
Settled during current										
year:										
18.1 By payment in full	0	43						<u> </u>	0	43
18.2 By payment on										
compromised claims .									0	0
18.3 Totals paid	0	43	٥	0	0	0	0	0	0	43
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected								<u> </u>	0	0
18.6 Total settlements	0	43	0	0	0	0	0	0	0	43
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)					l i	
prior year	2	30,000	L	0	0	L0	0	0	2	30,000
21. Issued during year									0	0
22. Other changes to in force			İ						l i	
(Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31	` '	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		(a)					l '	, , , , , , , , ,
of current year	1	20,000	0	0	0	0	0	0	1	20,000
(a) Includes Individual Credit Li	fe Insurance	e: prior year \$		cu	rrent year \$					
Includes Group Credit Life I	nsurance: L	oans less than o					cur	rent year \$		
Loans greater than 60 mont										
•				′ '	-			•		

### ACCIDENT AND HEALTH INSURANCE

ACCIDL	INI AND HE	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
Group policies (b)					
Credit (Group and Individual)     Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	88 ,923			61 , 111	61 , 405
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)		88,287	0	61 , 111	61,405
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	88.923	88.287	1 0	61.111	61.405

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products...... and number of persons insured under indemnity only products ... ...20



DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2017

NAIC C	Group Code 1295	LIFE	<b>INSURANC</b>	E	NAIC Company	Code 80799
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations					٥
3.	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:					
	6.1 Paid in cash or left on deposit					0
						0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
	6.4 Other					0
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 ļ.	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (sum of Lines 7.1 to 7.3)	U	U	J		0
8.	Grand Totals (Lines 6.5 + 7.4)	U	U	0	U	U
	DIRECT CLAIMS AND BENEFITS PAID					0
						U
						U
						U
	Aggregate write-ins for miscellaneous direct claims and					U
13.	benefits paid	0	٥	0	0	0
14	All other benefits, except accident and health					 N
	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS				Ů	
1301	DETAILS OF WITTE-ING					
1						
1303.						
	Summary of remaining write-ins for Line 13 from overflow					
		0	l0 l.		0 L	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

			Cre	edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			111u. Fois.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year		0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									n	١
18.2 By payment on									 	0 
compromised claims .									0	0
18.3 Totals paid	0	0	0	0			0	0	0	0
18.4 Reduction by										
compromise									٥	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-					_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)	· Olloica					
prior year	0	0	0	0	n	0	0	0	n	0
21. Issued during year								[		<u>0</u>
22. Other changes to in force										
(Net)									٥	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
a) Includes Individual Credit I	ifa Inguranas	u prior voor C			rent vear \$					

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .... current year \$ ... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JAMICE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Non-cancelable (b)     Guaranteed renewable (b)     Non-renewable for stated reasons only (b)					
25.2 Guaranteed renewable (b)	28 , 457	28 , 125		18,812	19,099
25.3 Non-renewable for stated reasons only (b)	(897)	(897)			
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	27 ,560	27 , 228	0	18,812	19,099
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27.560	27.228	0	18.812	19.099

and number of persons insured under indemnity only products .



DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2017

NC Group Code 1295	LIFE INSURANCE NAIC Company Code 8079								
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5				
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total				
Life insurance	610				6				
2. Annuity considerations									
Deposit-type contract funds		ХХХ		XXX					
4. Other considerations									
5. Totals (Sum of Lines 1 to 4)	610	0	0	0	6				
DIRECT DIVIDENDS TO POLICYHOLDERS									
Life insurance:									
6.1 Paid in cash or left on deposit									
6.2 Applied to pay renewal premiums									
6.3 Applied to provide paid-up additions or shorten the									
endowment or premium paying period									
6.4 Other									
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0					
Annuities:									
7.1 Paid in cash or left on deposit									
7.2 Applied to provide paid-up annuities		·····							
7.3 Other									
7.4 Totals (sum of Lines 7.1 to 7.3)	U	U	U						
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	0					
DIRECT CLAIMS AND BENEFITS PAID	10.050				10.0				
9. Death benefits					10 , 0				
10. Matured endowments									
Annuity benefits									
Surrender values and withdrawais for life contracts									
benefits paid	0	0	0	0					
14. All other benefits, except accident and health									
15. Totals	10.053	0	0	0	10.0				
DETAILS OF WRITE-INS	10,000	· ·		•	10,0				
BETAILS OF WRITE-INS									
302.									
200									
398. Summary of remaining write-ins for Line 13 from overflow									
page	0	0	0	0					
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0					

	Ο	rdinary		edit Life and Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	1	10,053							1	10,053
Settled during current										
year:		40.050							l ,	40.050
18.1 By payment in full		10,053								10,053
18.2 By payment on									_	_ ا
compromised claims	1	10.052		0	0	h	0			10.052
18.4 Reduction by			J	0		0		0		
compromise									n	٨
18.5 Amount rejected									n	0
18.6 Total settlements	1	10.053	0	0	0	0	0	0	1	10.053
19. Unpaid Dec. 31, current				***************************************						
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	1	30,000	۵	0	0	L0	0	0	1	30,000
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year (a) Includes Individual Credit I	1	30,000	0	0	rrent vear \$	0	0	0	1	30,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... ... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

AGGIDE					
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	L				<u> </u>
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	<u></u> 0
26 Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$ )	1	1	1	1 0	1 0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2017

C Group Code 1295		INSURANCI		NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
Deposit-type contract funds				XXX		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 <b>ļ</b>	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
Matured endowments						
Annuity benefits	21,000				21	
Surrender values and withdrawals for life contracts						
Aggregate write-ins for miscellaneous direct claims and	_					
benefits paid	0	ļ0 <b> </b>	0	0		
4. All other benefits, except accident and health		ļ				
5. Totals	21,000	0	0	0	21	
DETAILS OF WRITE-INS						
1.						
)3						
98. Summary of remaining write-ins for Line 13 from overflow	_					
pagé	Ω	ļ0 ļ	0	Q		
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	O	rdinary		edit Life and Individual)	(	Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims.									0	0
18.3 Totals paid 18.4 Reduction by compromise		0	l0	0	0	0	0	0	0	0
18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year	0	0	0	(a) 0	0	0	0	0	0 0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	-NI AND IIL	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,121	17 , 267		9,947	9,458
I 25.3 Non-renewable for stated reasons only (b)	L		l	l	L
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	16,121	17 , 267	]0	9,947	9,458
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	16.121	17.267	1 0	9.947	9.458

indemnity only products ....



DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2017

C Group Code 1295		INSURANCI		NAIC Company C	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance	85	,			
	-				
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	85	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	l0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
Death benefits					
Matured endowments					
Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and	_			_	
benefits paid	0	0	0		
4. All other benefits, except accident and health					
5. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
1					
2					
3					
8. Summary of remaining write-ins for Line 13 from overflow	^			_	
page		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ď ŀ	y	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

			Cre	edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of							
ENDOWMENTS			Ind. Pols.		NIf					
INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	2	20,000	۵	0	0	0	0	0	2	20,000
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year	2	20,000	0	0	0	0	0	0	2	20,000
a) Includes Individual Credit I	ifa Ingurana	· nrior woor C			rent vear \$					

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

AGGIDE	II AND HE	ALIII 1110	SIVAIIOL		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$ )	0	1	1	i n	l n

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2017

AIC Group Code 1295	LIFE INSURANCE NAIC Company Code 80								
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5				
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total				
Life insurance									
Annuity considerations									
Deposit-type contract funds		XXX		XXX					
Other considerations									
5. Totals (Sum of Lines 1 to 4)	0	0	0	0					
DIRECT DIVIDENDS TO POLICYHOLDERS									
Life insurance:									
6.1 Paid in cash or left on deposit									
6.2 Applied to pay renewal premiums									
6.3 Applied to provide paid-up additions or shorten the									
endowment or premium paying period									
6.4 Other 6.5 Totals (sum of Lines 6.1 to 6.4)	Λ	l							
	U	u		U					
Annuities:									
7.1 Paid in cash or left on deposit									
7.2 Applied to provide paid-up annuities									
7.3 Other									
7.4 Totals (sum of Lines 7.1 to 7.3)		0	h	V					
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	0					
DIRECT CLAIMS AND BENEFITS PAID  9. Death benefits									
10. Matured endowments									
11. Annuity benefits									
13. Aggregate write-ins for miscellaneous direct claims and									
benefits paid	Λ	l n	n l	n l					
14. All other benefits, except accident and health									
15. Totals	0	0	0	0					
DETAILS OF WRITE-INS		<u> </u>	<u> </u>	-					
DETAILS OF WRITE-INS									
02.									
03.									
98. Summary of remaining write-ins for Line 13 from overflow									
page	n	l n l	n I	n l					
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	n l	n I	n l					
399. Total (Lines 1301 tillough 1305 + 1396) (Line 13 above)	U	0	0	0					

	Oı	rdinary		edit Life and Individual)		Group	Inc	dustrial		Total
l l	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current		0						0		
year									L0	L0 <sup>1</sup>
Settled during current										
year: 18.1 By payment in full									_	,
18.2 By payment on									 I	L <sup>U</sup>
compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)`	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year			٥	0	۵	0		0	2	40,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year (a) Includes Individual Credit I	2	40,000	0	0	rent vear \$	0	0	0	2	40,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	ACCIDENT AND HEALTH INSURANCE											
	1	2	3	4	5							
			Dividends Paid or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group policies (b)												
24.1 Federal Employees Health Benefits Plan premium (b)												
24.2 Credit (Group and Individual)												
24.3 Collectively renewable policies (b)												
24.3 Collectively renewable policies (b)												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.2 Guaranteed renewable (b)	27 ,786	27 , 773		23,938	24,370							
25.3 Non-renewable for stated reasons only (b)												
25.3 Non-renewable for stated reasons only (b)												
25.5 All other (b)												
25.5 All other (b)	27 ,786	27 ,773	0	23,938	24,370							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27.786	27.773	0	23.938	24.370							

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products...... ..... and number of persons insured under indemnity only products



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2017

AIC Group Code 129	5	LIFE	NAIC Company Code 8079			
	IRECT PREMIUMS NUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
		2,831	and individual)	Group	IIIuusiiiai	2.8
						Z,O
2. Annuity considera	ations		vvv		vvv	
	tract funds					
	ons	2.831				2.8
5. Totals (Sum of Li		2,031	U	U	U	2,0
	DIVIDENDS TO POLICYHOLDERS					
Life insurance:	and after a decreate					
6.1 Paid in cash (	or left on deposit					
	,					
	ovide paid-up additions or shorten the					
	or premium paying period					
6.4 Other	of Lines 6.1 to 6.4)	0				
	in Lines 6.1 to 6.4)		u	J	J	
Annuities:	or left on deposit					
7.1 Paid iii Casii (	or left on deposit					
	of Lines 7.1 to 7.3)		Λ		0	
8. Grand Totals (Lir						
	T CLAIMS AND BENEFITS PAID	U	<u> </u>	<u> </u>		
	CLAIMS AND BENEFITS FAID	15 020				15.0
	ents					10,0
11 Appuity banafite	ients	12 000				12 (
12 Surrender values		12,000				12,0
	ns for miscellaneous direct claims and					
henefits naid	TO TO THIS CHARLES AND A COLUMN AND	0	0	0	0	
14 All other benefits	except accident and health					
15. Totals	oxoopt doordont and noditi	27.029	0	0	0	27.0
DETAILS OF WE	RITE-INS	=:,===	•		-	, ,
301.						
302						
303						
398 Summary of rema	aining write-ins for Line 13 from overflow					
page	anning while his left Eine to hell evenion	0	0	0	0 l	
399 Total (Lines 1301	through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	0	0			0	0	0	0	0	0
prior year	0	0		0	0	0	0	0	0	0
17. Incurred during current	0	45 000							,	45 000
year	∠	15,029							∠	15,029
Settled during current year: 18.1 By payment in full	2	15.029							2	15.029
18.2 By payment on compromised claims			İ							0
18.4 Reduction by			1							15,029
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	15,029	0	0	0	0	0	0	2	15,029
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year			0	0	0	ļ0	0	0	17	L766,000
									L0	L0
22. Other changes to in force (Net)	(2)	(15,000)							(2)	(15,000)
23. In force December 31	(-/		[	(a)					(2)	
of current year	15	751,000	0	0	0	0	0	0	15	751,000

current year \$ .. current year \$

### **ACCIDENT AND HEALTH INSURANCE**

ACCIDE	IN I AND HE	AL 111 11431	DIVAILOR		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
1 24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	]0	0	<u> </u> 0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	1 0	1 0	0	1 0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2017

AIC G	Group Code 1295	LIFE INSURANCE NAIC Company Code 80799								
		1	2	3	4	5				
	DIRECT PREMIUMS		Credit Life (Group							
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total				
	Life insurance	461				4				
2.	Annuity considerations									
3.	Deposit-type contract funds		XXX		XXX					
4.	0.1101.001.0101.0									
5.	Totals (Sum of Lines 1 to 4)	461	0	0	0	4				
	DIRECT DIVIDENDS TO POLICYHOLDERS									
	Life insurance:									
	6.1 Paid in cash or left on deposit									
	6.2 Applied to pay renewal premiums									
	6.3 Applied to provide paid-up additions or shorten the									
	endowment or premium paying period									
	6.4 Other									
	6.5 Totals (sum of Lines 6.1 to 6.4)		0	0	0					
	Annuities:									
	7.1 Paid in cash or left on deposit									
	7.2 Applied to provide paid-up annuities									
	7.3 Other									
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0					
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0					
	DIRECT CLAIMS AND BENEFITS PAID									
9.	Death benefits									
	Matured endowments									
11.	Annuity benefits	8.400				8.4				
		,				,				
	Aggregate write-ins for miscellaneous direct claims and									
	benefits paid	0	0	0	0 L					
14.	All other benefits, except accident and health									
	Totals	8,400	0	0	0	8,4				
	DETAILS OF WRITE-INS	,								
01.	DETAILED OF WAITE INC									
303										
398	Summary of remaining write-ins for Line 13 from overflow									
	page	0	0	0	0					
300	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0					

	O	rdinary		edit Life ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0 0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year		60,000	0	(a)0	No. of Policies	0	0	0	1	60,000
23. In force December 31 of current year (a) Includes Individual Credit I	1	60,000	0	(a) 0	0	0	0	0	1	60,000

### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
Group policies (b).  24.1 Federal Employees Health Benefits Plan premium (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual Policies.					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,463	10 , 459		7 , 085	7 , 208
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,463	10 , 459	J0	7 , 085	7,208
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,463	10,459	0	7,085	7,208

indemnity only products .....



DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2017

and number of persons insured under

C Group Code 1295	4		2 1	NAIC Company Code 80799			
DIRECT PREMIUMS	1	Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
Annuity considerations							
Deposit-type contract funds		XXX		XXX			
		<u> </u>					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other		ļ					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
Aggregate write-ins for miscellaneous direct claims and	^			_			
benefits paid	0						
14. All other benefits, except accident and health	^	ļ					
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01		ļ					
98. Summary of remaining write-ins for Line 13 from overflow	0			,			
page		<u>ا</u> الإ	h	×			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

			Cre	edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			111u. Fois.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year		0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									n	١
18.2 By payment on									 	0 
compromised claims .									0	0
18.3 Totals paid	0	0	0	0			0	0	0	0
18.4 Reduction by										
compromise									٥	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-					_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)	· Olloica					
prior year	0	0	0	0	n	0	0	0	n	0
21. Issued during year								[		<u>0</u>
22. Other changes to in force										
(Net)									٥	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
a) Includes Individual Credit I	ifa Inguranas	u prior voor C			rent vear \$					

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group policies (b)											
24.1 Federal Employees Health Benefits Plan premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively renewable policies (b)											
24.3 Collectively renewable policies (b)											
Other Individual Policies:											
Non-cancelable (b)     Guaranteed renewable (b)     Non-renewable for stated reasons only (b)											
25.2 Guaranteed renewable (b)											
25.3 Non-renewable for stated reasons only (b)	(6,336)	(6,336)		129,608	(43,982)						
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)	(6,336)	(6,336)	0	129,608	(43,982)						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(6.336)	(6.336)	0	129.608	(43.982)						

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products...... indemnity only products



DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2017

AIC G	Group Code 1295	LIFE	INSURANCI		NAIC Company Code 80799			
		1	2	3	4	5		
	DIRECT PREMIUMS	<b>.</b>	Credit Life (Group	_				
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
	Life insurance	343				3		
2.	Annuity considerations							
	Deposit-type contract funds		XXX		XXX			
5.	Totals (Sum of Lines 1 to 4)	343	0	0	0	3		
	DIRECT DIVIDENDS TO POLICYHOLDERS							
	Life insurance:							
	6.1 Paid in cash or left on deposit							
	6.2 Applied to pay renewal premiums							
	6.3 Applied to provide paid-up additions or shorten the							
	endowment or premium paying period							
	6.4 Other							
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	L0 <b> </b>	0	0			
	Annuities:							
	7.1 Paid in cash or left on deposit							
	7.2 Applied to provide paid-up annuities							
	7.3 Other							
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	L0 L	0	0			
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
	DIRECT CLAIMS AND BENEFITS PAID							
9.	Death benefits							
	Matured endowments							
11.	Annuity benefits		l					
			l					
	Aggregate write-ins for miscellaneous direct claims and							
	benefits paid	0	L0 L	0	0			
14.	All other benefits, except accident and health							
15.	Totals	0	0	0	0			
	DETAILS OF WRITE-INS							
301.								
303.								
398.	Summary of remaining write-ins for Line 13 from overflow							
	page	0	L0 L	0 L	0 L			
399	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	O	rdinary		edit Life and Individual)	(	Group	In	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										_
Settled during current year:										0
									0	0
compromised claims									0	0
18.3 Totals paid 18.4 Reduction by	0	0	J0	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0 0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	100,000	0	(a) 0	0	0	0	0	1	100,000
22. Other changes to in force (Net)			İ						(1)	(100,000)
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

current year \$ .. current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE								
	1	2	3	4	5			
			Dividends Paid or					
		Direct Premiums	Credited On Direct		Direct Losses			
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred			
24. Group policies (b)								
24. Group policies (b)								
24.2 Credit (Group and Individual)								
24.3 Collectively renewable policies (b)								
24.4 Medicare Title XVIII exempt from state taxes or fees								
Other Individual Policies:								
25.1 Non-cancelable (b)								
25.1 Non-cancelable (b)	91,993	91,557		65 , 184	71,868			
I 25.3 Non-renewable for stated reasons only (b)		1	1					
25.4 Other accident only								
25.5 All other (b)								
25.5 All other (b)	91,993	91,557	0	65 , 184	71,868			
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	91.993	91.557	1 0	65.184	71.868			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products...... and number of persons insured under indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2017

Group Code 1295		INSURANCI		NAIC Company C		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
Annuity considerations		<u> </u>				
Deposit-type contract funds		[L		XXX		
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		<b> </b>				
6.2 Applied to pay renewal premiums		<b> </b>				
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 <b>ļ</b>	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		ļ				
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ <u>0</u> ļ	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
Aggregate write-ins for miscellaneous direct claims and	0		_			
benefits paid	0	U	U	J		
14. All other benefits, except accident and health	Λ	ļ				
15. Totals	U	U	0	0		
DETAILS OF WRITE-INS						
01		<b></b>				
03.						
98. Summary of remaining write-ins for Line 13 from overflow	Λ	_	_	_		
page	U	J		h		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Credit Lift Ordinary (Group and Ind			Group		Industrial		Total		
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										0
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.4 Reduction by		0	J0	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	٥	(a) 0	0	0	0	0	٥	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

current year \$ .... (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
1 24.1 Federal Employees Health Benefits Plan premium (b)	L		L		l
24.2 Credit (Group and Individual)	<b>.</b>				
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	L49 , 895	50,846		41,455	41 , 120 <b> </b>
25.3 Non-renewable for stated reasons only (b)	~				
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	49,895	50 , 846	J0	41 , 455	41,120
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	49,895	50,846	0	41,455	41,120

indemnity only products ....14



DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2017

C Group Code 1295		INSURANC		NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	J0 J	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
Aggregate write-ins for miscellaneous direct claims and	^			_		
benefits paid	0	<sup>D</sup>	J	U		
14. All other benefits, except accident and health	^	ļ				
15. Totals	U	U	0	U		
DETAILS OF WRITE-INS						
01						
		ļ				
03.		ļ				
98. Summary of remaining write-ins for Line 13 from overflow	^	_	_	_		
page	U	J	h	h		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										0
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.4 Reduction by		0	[Ω	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	٥	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ ... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24. Group policies (b)					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		1,013		482	2
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		1,013	0	482	2
25.1 Non-cancelable (b)	1,014	1,013	0	482	2
(b) For health business on indicated lines report: Number of per indemnity only products	sons insured under PPC	managed care produ	cts	and number of per	sons insured under



DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2017

IC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	498				4	
Annuity considerations						
Deposit-type contract funds		ХХХ		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	498	0	0	0	4	
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	l0 <b> </b>	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01						
02.						
98. Summary of remaining write-ins for Line 13 from overflow			ļ			
page	0	l0	0	0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		edit Life ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims . 18.3 Totals paid								0		0
compromise			<u> </u>					0	0 0	0 0 0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				0	0	0	0	0	2 0	270,000 0
(Net)	2	270,000	0	(a) 0	0	0	0	0	0	270,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JAANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	135,620	144 , 103			69,764
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	135,620	144 , 103	0		
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	135.620	144.103	1 0	68.702	69.764

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products...... and number of persons insured under indemnity only products .... ....22



DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2017

C Group Code 1295		INSURANCI		NAIC Company C	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance					
Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS  Life insurance: 6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					
6.4 Other		l			
Annuities: 7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID  9. Death benefits					
Matured endowments					
	24,000				24
2. Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and	^		_	_	
benefits paid	U		J	V	
All other benefits, except accident and health	24.000	l	·····		24
DETAILS OF WRITE-INS	24,000	0	0	0	24
1					
Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	O	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols.	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims.									0	0
18.3 Totals paid 18.4 Reduction by compromise		0	J0	0	0	0	0	0	0	0
1									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year		0	0	(a) 0	0	0	0	0	0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .. current year \$

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).					incurred
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	<del></del>				
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	12,022	12,017		3,007	2,625
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	12,022	12,017	0	3,007	2,625
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,022	12,017	0	3,007	2,625

indemnity only products .....



DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2017

·	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	' Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life insurance					
Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit		L			
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	Λ	0	·····	·····	
8. Grand Totals (Lines 6.5 + 7.4)	 Λ	0			
DIRECT CLAIMS AND BENEFITS PAID	U	0	0	0	
9. Death benefits		····			
10. Matured endowments		····			
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and	^	<u> </u>			
benefits paid	0	ļ0 <b> </b>	0	0	
14. All other benefits, except accident and health		ļ			
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
01		ļ			
02		[			
98. Summary of remaining write-ins for Line 13 from overflow					
page	0	L0 L	0	0	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										0
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims .									0	0
18.4 Reduction by		0	[Ω	0	0	0	0	0	۵	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	٥	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

current year \$ .... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDL	INI AND HE	ALIIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
Group policies (b)  24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)     24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	89,068,267	89 , 068 , 267		60 , 198 , 173	65 , 520 , 169
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		89,068,267	J0	60, 198, 173	65 , 520 , 169
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	89.068.267	89.068.267	0	60 . 198 . 173	65.520.169

indemnity only products



DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2017

C Group Code 1295	LIFE	<b>INSURANC</b>	E	NAIC Company C	ode 80700	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
2. Annuity considerations						
Deposit-type contract funds		XXX		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 <b> </b>	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
<ol> <li>All other benefits, except accident and health</li> </ol>						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS				$\neg$		
01						
02						
03						
98. Summary of remaining write-ins for Line 13 from overflow						
pagé		0		0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	1 0	0	0	0		

	0	rdinary		edit Life Ind Individual)	(	Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	0	0			0	0	0		0	0
prior year17. Incurred during current		0	[υ	0	0	0	0	0		0
year Settled during current year:									U	
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by		0	J0	0	0	l0	0	0	۵	0
compromise									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	υ 	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year21. Issued during year	0	0	0	0	0	0	0	0	۵	0
22. Other changes to in force									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0
(a) Includes Individual Credit L Includes Group Credit Life Loans greater than 60 mon	Insurance: I	oans less than o	r equal to 60		prior year \$		cur	rent year \$		

# ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Omer individual Policies.					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	926, 288	939,992		545,804	545,310
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
<ul> <li>25.1 Non-cancelable (b).</li> <li>25.2 Guaranteed renewable (b).</li> <li>25.3 Non-renewable for stated reasons only (b).</li> <li>25.4 Other accident only.</li> <li>25.5 All other (b).</li> <li>25.6 Totals (sum of Lines 25.1 to 25.5)</li> </ul>	926,288	939,992	0	545,804	545,310
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	926,288	939,992	0	545,804	545,310

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 197 indemnity only products .....



DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2017

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
	5,780				5,7
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
5. Totals (Sum of Lines 1 to 4)	5,780	0	0	0	5,7
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0 L	
Annuities:					
7.1 Paid in cash or left on deposit		L			
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID	,	,	-	•	
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	2 225				2
12. Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health					
15. Totals	2.225	0	0	0	2,2
DETAILS OF WRITE-INS	2,220	0	•		۷,
DETAILS OF WRITE-INS					
- : -					
302.					
303.					
398. Summary of remaining write-ins for Line 13 from overflow	^		_	_	
page	0				
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0 [	

	Oı	rdinary		edit Life and Individual)		Group	Inc	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current									١	
year Settled during current year:									u	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0		0			0	
18.6)	0	0	0	0	No. of	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	Policies					
prior year	5	320,000	0	0	0	0	0	0	5 0	320,000
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	5	320,000	0	(a) 0	0	0	0	0	5	320,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIH INSU	JNANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
Group policies (b)     Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	52,742	53,526		26,008	27,276
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	52,742	53,526	0	26,008	27 , 276
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52.742	53.526	0	26.008	27.276

indemnity only products ..... ....13



DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2017

C Group Code 1295	LIFE	INSURANCI		NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	95				
Deposit-type contract funds		XXX		XXX	
5. Totals (Sum of Lines 1 to 4)	95	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
Matured endowments					
Annuity benefits	63,950				63,
Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
4. All other benefits, except accident and health					
5. Totals	63,950	0	0	0	63,
DETAILS OF WRITE-INS					
1					
02.					
J3					
98. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0 <b>l</b>	0 L	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on										0
compromised claims . 18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	0
compromise 18.5 Amount rejected									0 0	0 0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a) 0	0	0	0	0	1	5,000
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year (a) Includes Individual Credit L	1	5,000	0	(a) 0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIHINS	UKANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.1 Non-cancelable (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1 0	0	1 0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2017

IC Group Code 1295	LIFE	INSURANCI		NAIC Company C	y Code 80799	
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
	3,482				3,4	
2. Annuity considerations						
Deposit-type contract funds		XXX		XXX		
		ļ				
5. Totals (Sum of Lines 1 to 4)	3,482	0	0	0	3,4	
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 <b>ļ</b>	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	10.016	L			10 ,	
10. Matured endowments		1				
11. Annuity benefits		L				
12. Surrender values and withdrawals for life contracts						
13 Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	L0 L	0	0		
14. All other benefits, except accident and health						
15. Totals	10,016	0	0	0	10,	
DETAILS OF WRITE-INS	*				*	
01		<u> </u>				
02.						
03.						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	L0 L	0	0		
199. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n	n l	0	0		

	O	rdinary		edit Life and Individual)		Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	1	10.016							l1	10.016
Settled during current										
vear:										
18.1 By payment in full	1	10,016							L1	10,016
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	1	10,016	0	0	0	0	0	0	1	10,016
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,016	0	0	0	0	0	0	L1	10,016
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	10	423,000	0	0	0	0		0	10	423,000
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31				(a)						
of current year	9	413,000	0	0	0	0	0	0	9	413,000

current year \$ ... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

ACCIDE	IN I AND HE	AL 111 11130	JIVANUL		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	43,666	43,647		25,419	27,021
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	43,666	43,647	0	25,419	27,021
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)		43 647	1 0	25 419	27 021

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 43,666 43,667 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products 9 ..... and number of persons insured under



DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2017

NAIC (	Group Code 1295	LIFE	INSURANC	CE	NAIC Company Code 80799		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance					0	
2.						0	
3.	Deposit-type contract funds		XXX		XXX	L0	
	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0	
	endowment or premium paying period					0	
	6.5 Totals (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit		0	0	0	0	
	7.2 Applied to provide paid-up annuities					0	
8.	7.4 Totals (sum of Lines 7.1 to 7.3)	0 0	0   0	0   0	0 0	[0   0	
	DIRECT CLAIMS AND BENEFITS PAID					0	
	Death benefits					LU	
	Annuity benefits Surrender values and withdrawals for life contracts		l l			0 	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	
						ļ0	
15.	Totals	0	0	0	0	0	
	DETAILS OF WRITE-INS						
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0	
	(		Ů	• 1		·	

			Cre	Credit Life							
	O	rdinary	(Group a	nd Individual)	(	Group	In	dustrial		Total	
	1	2	3	4	5	6	7	8	9	10	
DIRECT DEATH			No. of								
BENEFITS AND MATURED			Ind. Pols.								
ENDOWMENTS			&		No. of						
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31,					_						
prior year	0	0	0	0	0	0	0	0	L	0	
17. Incurred during current											
year									D	0	
Settled during current											
year: 18.1 By payment in full									_	٥	
18.2 By payment on										<sup>0</sup>	
compromised claims .									n	٥	
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0	
18.4 Reduction by											
compromise									0	0	
18.5 Amount rejected									0	0	
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0	
19. Unpaid Dec. 31, current											
year (Lines 16+17-											
18.6)	0	0	0	0	0	0	0	0	0	0	
					No. of						
POLICY EXHIBIT					Policies						
20. In force December 31,				(a)							
prior year	0	0	Ω	0	0	0		0	ļ0	0	
21. Issued during year									L	L0	
22. Other changes to in force									_		
(Net)				(-)					الا	L0	
23. In force December 31 of current year	0	0	0	(a)	0	0	0		١	١	
(a) Includes Individual Credit I			U	U	rant vaar C	U	U	U	U	U	

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... .... current year \$

current year \$ ....

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	-INI AND IIL	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
<ul> <li>24.2 Credit (Group and Individual)</li> <li>24.3 Collectively renewable policies (b)</li> <li>24.4 Medicare Title XVIII exempt from state taxes or fees</li> </ul>					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	6,846	6,843		869	317
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	6,846	6,843	0	869	317
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	6.846	6.843	1 0	869	I 317

indemnity only products ....



DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2017

NAIC Group Code 1295	LIFE INSURANCE NAIC Company Code 80799								
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5				
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total				
Life insurance	2,958				2,958				
Annuity considerations					0				
Deposit-type contract funds		ХХХ		XXX	0				
Other considerations					0				
5. Totals (Sum of Lines 1 to 4)	2,958	0	0	0	2,958				
DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:									
6.1 Paid in cash or left on deposit					0 0				
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0				
6.4 Other					0				
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0		0				
Annuities:					0				
7.1 Paid in cash or left on deposit					0				
7.2 Applied to provide paid-up annuities					<u>U</u>				
7.3 Other		ļ			U				
7.4 Totals (sum of Lines 7.1 to 7.3)	U	<sup>\(\)</sup>	J	h					
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	0	0				
DIRECT CLAIMS AND BENEFITS PAID	F 044				F 044				
9. Death benefits	5,014				5,014				
10. Matured endowments		····			U				
11. Annuity benefits		····							
Surrender values and withdrawals for life contracts		0	0	0	0				
14. All other benefits, except accident and health					0				
15. Totals	5,014	0	0	0	5,014				
DETAILS OF WRITE-INS	,				*				
1301.									
1302.									
1303.									
1398. Summary of remaining write-ins for Line 13 from overflow	0	0	0	0	0				
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0				

		Credit Life		edit Life						
	O	rdinary	(Group a	nd Individual)	(	Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of							
ENDOWMENTS			Ind. Pols.		NIf					
INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	-									
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	1	5,014							1	5,014
Settled during current										
year:										
18.1 By payment in full	1	5,014							1	5,014
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	1	5,014	0	0	0	0	0	0	1	5,014
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	5,014	0	0	0	0	0	0	1	5,014
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(-)	Folicies	-				
prior year	7	300 000	۱ ،	(a) 0	0		١	1	7	300 000
21. Issued during year						ļu		U		000,000
22. Other changes to in force			·····							0
(Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31	( '/)	(0,000)	l	(a)					( '/	(0,000)
of current year	6	295,000	0	(a) 0	0	0	0	0	6	295,000
(a) Includes Individual Credit Li			<u>`</u>		rent vear \$			· · · · · ·		200,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .... .... current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN I AND HE	ALIHINS	JIANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	80,252	80,371		33,942	33,856
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	80,252		0		
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	80.252	80.371	0	33.942	33.856

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2017

IC Group Code 1295	LIFE	<b>INSURANC</b>	E	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	144				14	
Annuity considerations						
Deposit-type contract funds		ХХХ		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	144	0	0	0	1	
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	U	Ū		U		
8. Grand Totals (Lines 6.5 + 7.4)	0	U	0	0		
DIRECT CLAIMS AND BENEFITS PAID  9. Death benefits						
10. Matured endowments	1/ 300				1/1 3	
Surrender values and withdrawals for life contracts	14,300				14,0	
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	n l	n l	o l		
14. All other benefits, except accident and health						
15. Totals	14.300	0	0	0	14,3	
DETAILS OF WRITE-INS	11,000	, and the second			,0	
01.						
02.						
00						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	0	o l	0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	n l	0	0		

	0	rdinary		edit Life ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31, prior year		20,000	0	(a)0	No. of Policies	0	0	0	1	20,000
23. In force December 31 of current year (a) Includes Individual Credit I.	ifo Inquirance	20,000	0	(a) 0	0	0	0	0	1	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	9,667	9,662		7 , 481	7 ,525
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	9,667	9,662	0	7 , 481	7 ,525
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9.667	9.662	1 0	7.481	7.525

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products...... and number of persons insured under indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2017

C Group Code 1295		INSURANCI		NAIC Company Co		
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
	Ordinary	and individual)	Gloup	iliuustilai	Total	
Life insurance     Annuity considerations						
Deposit-type contract funds	215	XXX		VVV		
	Z1J	·····			<i>L</i>	
4. Other considerations	215	h	n	n		
5. Totals (Sum of Lines 1 to 4)	213	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		····				
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other	Λ	ļ				
,		<sup>0</sup>	J			
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities		····				
7.3 Other		ļ				
7.4 Totals (sum of Lines 7.1 to 7.3)	U	0	J	J		
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		····				
0. Matured endowments		····				
		····				
Surrender values and withdrawals for life contracts		····				
Aggregate write-ins for miscellaneous direct claims and	0	۱ ،	0	_		
benefits paid		<sup>0</sup>				
4. All other benefits, except accident and health	Λ	l				
5. Totals  DETAILS OF WRITE-INS	U	U	0	0		
22.7.1.20 0.1						
01		····				
)2		····				
03.						
98. Summary of remaining write-ins for Line 13 from overflow	0		0	0		
page	U	J		L		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	U	1 0 1	0	0		

			Cr	edit Life						
	Oı	rdinary	(Group a	ind Individual)	(	Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full 18.2 By payment on compromised claims .										0
18.3 Totals paid 18.4 Reduction by compromise	0	0	L0	0	0	0	0	0	0	0
18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	15,000	0	(a)0	0	0	0	0	1	15,000
21. Issued during year									0	L0
(Net)	0			(a)					0	0
of current year (a) Includes Individual Credit Li	1	15,000	0	0	rent year \$	0	0	0	1	15,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

Accil	ACCIDENT AND HEAETH INCOMANCE												
	1	2	3	4	5								
			Dividends Paid or										
		Direct Premiums	Credited On Direct		Direct Losses								
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred								
24. Group policies (b)													
24.1 Federal Employees Health Benefits Plan premium (b). 24.2 Credit (Group and Individual)													
24.2 Credit (Group and Individual)													
24.3 Collectively renewable policies (b)													
24.4 Medicare Title XVIII exempt from state taxes or fees													
Other Individual Policies:													
25.1 Non-cancelable (b)													
25.2 Guaranteed renewable (b)													
25.2 Guaranteed renewable (b)	0												
25.4 Other accident only													
25.5 All other (b)													
25.5 All other (b)	0	0	0	0	0								
26 Totals (Lines $24 + 241 + 242 + 243 + 244 + 256$ )	1	1	1 0	1 0	l n								

and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2017

Annuity considerations     Deposit-type contract funds     Other considerations	Ordinary	Credit Life (Group and Individual)	3 Group	Industrial	5 Total
AND ANNUITY CONSIDERATIONS  1. Life insurance		and Individual)			Total
Annuity considerations     Deposit-type contract funds     Other considerations		XXX			
Annuity considerations     Deposit-type contract funds     Other considerations		ХХХ			
4. Other considerations		XXX	l		
4. Other considerations				XXX	
5. Totals (Sum of Lines 1 to 4)	Λ	<b> </b>			
	U	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 <u> </u>	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	<u>0</u>	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
Matured endowments					
1. Annuity benefits					
Aggregate write-ins for miscellaneous direct claims and	^	<u> </u>	_	<u> </u>	
benefits paid		<sup> </sup>	J		
4. All other benefits, except accident and health	^				
5. Totals	0	U	0	0	
DETAILS OF WRITE-INS					
1		ļ			
3					
8. Summary of remaining write-ins for Line 13 from overflow	^		_	_	
page	D	J \ J	h	\frac{1}{\trace} \cdot \frace \frac{1}{\trace} \cdot \frace \fra	

			Cr	edit Life						
	O	rdinary	(Group a	nd Individual)	(	Group	Ind	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
	0	0	Ω	0	0	0	0	0	۵	0
18.4 Reduction by										
compromise									D	0
18.5 Amount rejected 18.6 Total settlements									L	0
19. Unpaid Dec. 31, current	0	0	0	0	0	0	0	0		0
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
10.0)	0	0	0	0	No. of	0	0	0		0
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	. 0110100					
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)									٥	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... .... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	83,398	85 , 167		39 , 456	37,964
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	83,398	85 , 167	0	39,456	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	83.398	85.167	0	39.456	37.964

indemnity only products .....



DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2017

NAIC (	Group Code 1295	LIFE	INSURANC	CE	NAIC Compan	y Code 80799
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.						0
3.	Deposit-type contract funds		XXX		XXX	L0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	endowment or premium paying period					0
	6.5 Totals (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit		0	0	0	0
	7.2 Applied to provide paid-up annuities					0
8.	7.4 Totals (sum of Lines 7.1 to 7.3)	0 0	0   0	0   0	0 0	[0   0
	DIRECT CLAIMS AND BENEFITS PAID					0
	Death benefits					LU
	Annuity benefits Surrender values and withdrawals for life contracts		l l			0 
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
						ļ0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0
	(		Ů	• 1		·

	O	rdinary		edit Life and Individual)	(	Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year Settled during current year:										0
18.1 By payment in full 18.2 By payment on									0	0
compromised claims.									0	0
18.3 Totals paid 18.4 Reduction by compromise		0	L0	0	0	0	0	0	0	0
18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year	0	0	0	(a) 0	0	0	0	0	0 0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)			L		L
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,674	4,672			938
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,674	4,672	0	875	938
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	4.674	4.672	1 0	875	l 938

indemnity only products ....



DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2017

IC Group Code 1295	LIFE	INSURANC	<u> </u>	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	4,902				4,9
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
5. Totals (Sum of Lines 1 to 4)	4,902	0	0	0	4,
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	Λ	0	Λ	0	
8. Grand Totals (Lines 6.5 + 7.4)				h	
DIRECT CLAIMS AND BENEFITS PAID	U	0	0		
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and	^		_	_	
benefits paid	0			0	
5. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
01					
02					
03.					
98. Summary of remaining write-ins for Line 13 from overflow			į		
page	0	0	0	0	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

				edit Life						
		rdinary	(Group a	ind Individual)		Group		dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									٥	0
									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
10.0)	•	0	l	0	No. of				Ů	0
POLICY EXHIBIT					Policies					
20. In force December 31,				(0)	1 0110163	1				
prior year	<b></b>	205 000	۱ ،	(a)	0		ا ا	١	1	205.000
		203,000	J	0		ļu		<sup>0</sup>	4 n	205,000
22. Other changes to in force										0
(Net)	(2)	(55,000)							(2)	(55,000)
23. In force December 31	` '	, ,,,,,,		(a)					\	, , , , , , , , ,
of current year	2	150,000	0	0	0	0	0	0	2	150,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... ..... current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	ACCIDENT AND HEALTH INSURANCE											
	1	2	3	4	5							
			Dividends Paid or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group policies (b)												
24. Group policies (b)												
24.2 Credit (Group and Individual)												
24.3 Collectively renewable policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.1 Non-cancelable (b)	100,063	105,597		62,444	61,261							
25.3 Non-renewable for stated reasons only (b)												
25.3 Non-renewable for stated reasons only (b)												
25.5 All other (b)												
25.5 All other (b)	100,063	105,597	0	62,444	61,261							
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	100.063	105.597	0	62.444	61.261							

indemnity only products ....22



DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2017

C Group Code 1295		INSURANCI		NAIC Company Code 80		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	308	<u> </u>				
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	308	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums		ļ				
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period		ļ				
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	ļ0 <u> </u>	0			
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		ļ				
7.4 Totals (sum of Lines 7.1 to 7.3)			J			
DIRECT CLAIMS AND BENEFITS PAID	U	0	0	0		
Death benefits     Matured endowments						
Matured endowments     Annuity benefits						
		·····				
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
All other benefits, except accident and health						
5. Totals	0	0	0	0		
DETAILS OF WRITE-INS	-					
1						
_						
_						
8. Summary of remaining write-ins for Line 13 from overflow						
page	0	[0 [	0	0		
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Oı	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims .									0	L0
18.3 Totals paid		0	J	0	0	0	0	0	0	ļ0
18.4 Reduction by									_	
compromise			ı						0	0
18.5 Amount rejected			ļ							0
18.6 Total settlements	0	0	J	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17- 18.6)	0	0	0	0	0	ا ۱	0	٨	0	_
18.6)	U	U	U	U	U N= -f	U	U	U	0	U
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)	1 Olloico					
prior year	1	5 000	۱ ،	0	0	n	٥	٥	1	5 000
21. Issued during year				0				0	n	n
22. Other changes to in force										
(Net)			<u> </u>						0	L 0
23. In force December 31			Ī	(a)						
of current year	1	5,000	0	0	0	0	0	0	1	5,000
(a) Includes Individual Credit L	ife Insurance	e: prior year \$	•	Cu	rent vear \$					· · · · · · · · · · · · · · · · · · ·

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... ..... current year \$

## ACCIDENT AND HEALTH INSURANCE

ACCIDE	ACCIDENT AND HEALTH INSURANCE											
	1	2	3	4	5							
			Dividends Paid or									
		Direct Premiums	Credited On Direct		Direct Losses							
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred							
24. Group policies (b)												
24. Group policies (b)												
24.2 Credit (Group and Individual)												
24.3 Collectively renewable policies (b)												
24.4 Medicare Title XVIII exempt from state taxes or fees												
Other Individual Policies:												
25.1 Non-cancelable (b)												
25.1 Non-cancelable (b)	49 , 185	54,086			29,430							
25.3 Non-renewable for stated reasons only (b)												
25.3 Non-renewable for stated reasons only (b)												
25.5 All other (b)												
25.5 All other (b)	49 , 185	54,086	0	33,521	29,430							
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	49.185	54.086	0	33.521	29.430							



DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2017

	Tomocoo		INICHERANIC	_	DONING THE TE	
IAIC (	Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
		5,393				5 , 393
	Annuity considerations					
	Deposit-type contract funds		XXX		XXX	(
	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	5,393	0	0	0	5,39
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period					
	6.4 Other					
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					
	7.3 Other					
	7.4 Totals (sum of Lines 7.1 to 7.3)		0	0 L	0 L	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID	-				
9	Death benefits					
	Matured endowments					
	Annuity benefits					
	Surrender values and withdrawals for life contracts					
	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0	0	0	
14	All other benefits, except accident and health					
	Totals	0	0	0	0	
	DETAILS OF WRITE-INS	Ŭ	· ·	<u> </u>	<u> </u>	
301	DETAILS OF WRITE-INS					
	Summary of remaining write-ins for Line 13 from overflow					
J90.	page	0	n	ا ۱	n	
300	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n	h	0	n	
<u> </u>	10tal (Lilies 1301 tillough 1303 + 1390) (Lille 13 above)	U	0	0	0	

				edit Life						
		rdinary	<del></del>	ind Individual)		Group		dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on	l									
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	0	L0	0	L0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
, i					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)		1				
prior year	11	940,017	n	0	0	0	n	n	11	940.017
									0	0
22. Other changes to in force		•								
									0	0
23. In force December 31				(a)						
of current year	11	940,017	0	0	0	0	0	0	11	940,017

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ lncludes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$ .....

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividenda Baid an	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).					
24. Group policies (b)					
24.2 Credit (Croup and marvidual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	14 , / 26	L14 , <i>/</i> 19		6,614	L6,953
25.3 Non-renewable for stated reasons only (b)	~				
25.3 Non-renewable for stated reasons only (b)	•				
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	14,726	14,719	J0	6,614	6,953
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,726	14,719	0	6,614	6,953

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DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2017

C Group Code 1295	1	INSURANCI	3	NAIC Company C	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	4 Industrial	5 Total
Life insurance	10,977				10,
Deposit-type contract funds		XXX		XXX	
5. Totals (Sum of Lines 1 to 4)	10.977	0	0	0	10
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit				1	
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period				1	
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	n	0	n	n	
Annuities:				J	
7.1 Paid in cash or left on deposit					
7.1 Paid in Cash of left of deposit					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)		0	h	N	
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	U	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
Matured endowments					
1. Annuity benefits					37
Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and	_				
benefits paid	0	0	0	0	
4. All other benefits, except accident and health					
5. Totals	37,225	0	0	0	37
DETAILS OF WRITE-INS					
1					
•					
3					
8. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0	0	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life ind Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on compromised claims .										0
18.3 Totals paid									0	0
18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current	0	0	0	0	0	0	0	0	0	0
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	16	1,124,000	0	(a)0	0	0	0	0	16 0	1 , 124 , 000 0
22. Other changes to in force (Net)									(3)	(170,000)
23. In force December 31 of current year (a) Includes Individual Credit I	ifo Inquirance		0	(a) 0	0	0	0	0	13	954,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... ..... current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN I AND HE	ALIHINS	JIMANUE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual Folicies.					l
Non-cancelable (b)     Guaranteed renewable (b)     Non-renewable for stated reasons only (b)					
25.2 Guaranteed renewable (b)	236,906	238,314		192,030	193 , 144
25.3 Non-renewable for stated reasons only (b)	696 , 054 , 160	696,054,160		470,466,345	512,023,973
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		696,292,474	0	470,658,375	512,217,117
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	696.291.066	696.292.474	1 0	470.658.375	512.217.117

indemnity only products ..... ....42



DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2017

· ·	1	2	3	4 1	ode 80799 5	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	ı Ordinary	Credit Life (Group and Individual)	Group	4 Industrial	Total	
Life insurance						
Deposit-type contract funds		XXX		XXX		
4 - 20 - 21 - 11						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other		·····				
6.5 Totals (sum of Lines 6.1 to 6.4)	n	0	n	n		
Annuities:				J		
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	U	0	h	J		
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and	_					
benefits paid	0	0	0	0		
14. All other benefits, except accident and health						
15. Totals	00	0	0	0		
DETAILS OF WRITE-INS					·	
01						
00						
03						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	L0 L	0	0 L		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

			Cre	edit Life						
	Oı	rdinary	(Group a	nd Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS			111u. Fois.		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year		0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									n	١
18.2 By payment on										0 
compromised claims .									0	0
18.3 Totals paid	0	0	0	0			0	0	0	0
18.4 Reduction by										
compromise									٥	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-					_					
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)	· Olloica					
prior year	0	0	0	0	n	0	0	0	n	0
21. Issued during year								[		<u>0</u>
22. Other changes to in force										
(Net)									٥	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
a) Includes Individual Credit I	ifa Inguranas	u prior voor C	<u> </u>		rent vear \$					

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... ..... current year \$ .

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	-INI AND IIL	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9 , 190	9 , 153		11,318	12,501
25.3 Non-renewable for stated reasons only (b)	L				<b>.</b>
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	9,190	9 , 153	]0	11,318	12,501
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9.190	9.153	1 0	l 11.318	l 12.501

indemnity only products ....



DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2017

AIC Group Code 1295	LIFE	NAIC Company Code 80799				
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 <u>ļ</u>	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
10. Matured endowments						
11. Annuity benefits						
13. Aggregate write-ins for miscellaneous direct claims and	^		_	_		
benefits paid	0	<sup>U</sup>	J	U }		
14. All other benefits, except accident and health	Λ	l		·····		
15. Totals	U	U	0	0		
DETAILS OF WRITE-INS						
901.		<u> </u>				
302.		ļ				
		ļ				
398. Summary of remaining write-ins for Line 13 from overflow	^		_	_		
page	U	} <u>γ</u> }	N	j }		
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Ο	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
l	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
yearSettled during current year:									0	0
18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by compromise	0	0	0	0		0	0	0	0	0
19. Unpaid Dec. 31, current	0		0	0	0	0	0	0	0 0	0
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year (a) Includes Individual Credit I	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... .... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	19,924	19,356		17 , 356	16,809
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	19,924	19,356	J0	17 , 356	16,809
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,924	19,356	0	17,356	16,809

indemnity only products



DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2017

AIC Gr	oup Code 1295	LIFE	INSURANCI	<b>=</b>	NAIC Company Code 80799		
		1	2	3	4	5	
	DIRECT PREMIUMS	- ··	Credit Life (Group	_			
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
	Life insurance	4,607				4 , 60	
2. /	Annuity considerations						
3. [	Deposit-type contract funds		XXX		XXX		
4. (	Other considerations						
5.	Totals (Sum of Lines 1 to 4)	4,607	0	0	0	4,6	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
l	Life insurance:						
6	6.1 Paid in cash or left on deposit						
6	6.2 Applied to pay renewal premiums						
6	6.3 Applied to provide paid-up additions or shorten the						
	endowment or premium paying period						
6	6.4 Other						
	6.5 Totals (sum of Lines 6.1 to 6.4)		0	0	0		
	Annuities:						
7	7.1 Paid in cash or left on deposit						
7	7.2 Applied to provide paid-up annuities						
	7.3 Other						
7	7.4 Totals (sum of Lines 7.1 to 7.3)	0 l	0	0	0		
8. (	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID						
9. г	Death benefits	100.338				100.3	
	Matured endowments						
	Annuity benefits						
	_ *						
13. /	Aggregate write-ins for miscellaneous direct claims and						
ŀ	benefits paid	0	0	0	0		
14.	All other benefits, except accident and health						
	Totals	100,338	0	0	0	100,3	
	DETAILS OF WRITE-INS	,					
	DETAILED OF WAITE INC						
303							
398 9	Summary of remaining write-ins for Line 13 from overflow						
	page	0	0	0	0		
300 -	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n l	n	n l	n l		

	0	rdinary		edit Life and Individual)	(	Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	1	100,338							1	100,338
Settled during current		,								
year:										
18.1 By payment in full	1	100,338							L1	100,338
18.2 By payment on										,
compromised claims .									0	0
compromised claims . 18.3 Totals paid	1	100,338	۵	0	٥	0	0	0	1	100,338
18.4 Reduction by										, i
compromise									0	0
18.5 Amount rejected			l						0	0
18.6 Total settlements	1	100,338	0	0	0	0	0	0	1	100,338
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year		1,240,000	۵	0	0	0	0	0	15	1 , 240 , 000
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(3)	(250,000)							(3)	(250,000)
23. In force December 31				(a)						
of current year	12	990,000	0	0	0	0	0	0	12	990,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .. current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JIANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	88 , 198	87 , 455		40,352	44,648
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	88 , 198		0	40,352	44,648
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88.198	87.455	1 0	40.352	44.648

and number of persons insured under indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2017

NAIC (	Group Code 1295	LIFE	<b>INSURANC</b>	E	NAIC Company	Code 80799
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations					0
	Doposit typo contract tando		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
						0
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					
	7.4 Totals (sum of Lines 7.1 to 7.3)	U	U		h	U
8.	Grand Totals (Lines 6.5 + 7.4)  DIRECT CLAIMS AND BENEFITS PAID	U	U	0	U	U
_						0
	Death benefits					
	Matured endowments					 N
	Annuity benefits		i i			
	Aggregate write-ins for miscellaneous direct claims and					0
13.	benefits paid	0	0	0	0	0
14						0
	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS	-	-			· · · · · · · · · · · · · · · · · · ·
1301.	2=17.1120 31. 1711112 1110					
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow	_				
	page	0			ļ	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

	Oı	rdinary		edit Life Ind Individual)	(	Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	L0
18.3 Totals paid	0	0	J0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	L0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-	0								_	
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	۵	0	0	0		0	ا ۵	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e prior year \$		CIII	rrent vear \$	·		·		·

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
			Dividends Paid or		5
	D'	Direct Premiums	Credited On Direct	Discoult access Daily	Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24. Group policies (b)					
24.3 Collectively renewable policies (b)	•				
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	~				
25.4 Other accident only	•				
25.5 All other (b)					
25.5 All other (b)	<u>0</u>	<u> </u> 0	]0	0	<u> </u> 0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

indemnity only products



DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2017

IC Group Code 1295	LIFE	<b>INSURANC</b>	E	NAIC Company C	Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
Annuity considerations							
Deposit-type contract funds		XXX		XXX			
Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
Matured endowments							
1. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	J0 J	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
01							
02.							
03.							
98. Summary of remaining write-ins for Line 13 from overflow							
page	0	[	0	0			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

			Cr	edit Life						
	O	rdinary	(Group a	nd Individual)	(	Group	Ind	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
	0	0	Ω	0	0	0	0	0	۵	0
18.4 Reduction by										
compromise									D	0
18.5 Amount rejected 18.6 Total settlements									L	0
19. Unpaid Dec. 31, current	0	0	0	0	0	0	0	0		0
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	٥	0	0
10.0)	0	0	0	0	No. of	0	0	0		0
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	. 0110100					
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force										
(Net)									٥	0
23. In force December 31				(a)						
of current year	0	0	0	0	0	0	0	0	0	0

### (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .... .... current year \$

### ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	23 ,462	23,430		12,277	12,000
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	23,462	23,430	0	12,277	12,000
	23.462	23.430	1 0	12.277	l 12.000

indemnity only products ...



DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2017

NAIC (	Group Code 1295	LIFE	<b>INSURANC</b>	E	NAIC Company	Code 80799
		1	2	3	4	5
	DIRECT PREMIUMS	0	Credit Life (Group	0	1.4.424	T-1-1
	AND ANNUITY CONSIDERATIONS	Ordinary 1.481	and Individual)	Group	Industrial	Total
	Life insurance	, ,				1,481
	,		XXX		vvv	
	= -		Ι			U
	Other considerations	1.481	0			1.481
5.		1,401	U	0	U	1,401
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					 0
	6.3 Applied to provide paid-up additions or shorten the					U
	endowment or premium paying period					0
	0.4.00					 N
ŀ	6.5 Totals (sum of Lines 6.1 to 6.4)		0	0	0	 N
i	Annuities:					
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID	-				-
9.	Death benefits					0
						0
11.	Annuity benefits					0
						0
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	0  .	0	0	0
14.						0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow	•		_	_ [	2
1005	page	0	ō	j	ō ŀ	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

Or	rdinary			(	Group	Inc	dustrial		Total
1	2	3 No. of Ind. Pols.	4	5	6	7	8	9	10
No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
0	0	0	0	0	0	0	0	0	0
								0	0
								0	0
								0	0
					0	0	0	0	0
								0	0
								0	0
U	0	J0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
				No. of Policies					
			(a)						
3	140,000	٥	0	0	0	0	0	3	140,000
								0 n	0
3	140.000	0	(a) 0	0	0	0	0	3	140,000
	1 No	No. Amount	Ordinary         (Group a street of the content o	1 2 3 No. of Ind. Pols. & Amount  No. Amount Gr. Certifs. Amount	Ordinary         (Group and Individual)         Ordinary           1         2         3 No. of Ind. Pols. & No. of Ind. Pols. & No. of Certifs.           No.         Amount         Gr. Certifs.         Amount         Certifs.	Ordinary         (Group and Individual)         Group           1         2         3 No. of Ind. Pols. & Robbin Strain	Ordinary         (Group and Individual)         Group         Individual           1         2         3         4         5         6         7           No. of Ind. Pols. & No. of Ind. Pol	Ordinary         (Group and Individual)         Group         Industrial           1         2         3 No. of Ind. Pols. & No. of Ind. Pols. & Amount         No. of Ind. Pols. & Amount         No. of Certifs.         Amount         No. of Certifs.         Amount         No. of Certifs.         Amount         No. of Certifs.         Amount         No. of Certifs.         Output Description of Certifis.         Output Description of Certifis.         Output Description of Certifs.         Output Description of Certifis. <td>Ordinary         (Group and Individual)         Group         Industrial           1         2         3         4         5         6         7         8         9           No. of Ind. Pols. &amp; No. of Ind. Pols. &amp; Amount         No. of Certifs.         Amount         No. of Certifs.         Amount         No. of No. of No. of No. of No. of No. of No. of Policies         Amount         No. of</td>	Ordinary         (Group and Individual)         Group         Industrial           1         2         3         4         5         6         7         8         9           No. of Ind. Pols. & No. of Ind. Pols. & Amount         No. of Certifs.         Amount         No. of Certifs.         Amount         No. of No. of No. of No. of No. of No. of No. of Policies         Amount         No. of

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ ..... .... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

ACCIDE	IN I AND HE	AL 111 11431	DIVAIVE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
I 25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	J0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	1 0	1 0	0	1 0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2017

IAIC (	Group Code 1295	LIFE	INSURANCI	E	NAIC Company C	ode 80799	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
1		1,976	and individual)	Gloup	iliuustilai	1.97	
1.						1,31	
			XXX		XXX		
	Deposit-type contract funds						
		4.070				4.0	
5.	Totals (Sum of Lines 1 to 4)	1,976	0	0	0	1,9	
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit						
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period 6.4 Other						
	6.5 Totals (sum of Lines 6.1 to 6.4)	Λ	0	n	n		
	Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities						
	7.2 Applied to provide paid-up armulities						
	7.4 Totals (sum of Lines 7.1 to 7.3)	Λ		·····	0		
0	Grand Totals (Lines 6.5 + 7.4)		0		h		
0.		U	0	0			
_	DIRECT CLAIMS AND BENEFITS PAID						
	Death benefits						
	Matured endowments						
	Annuity benefits						
	Surrender values and withdrawals for life contracts						
11	All other benefits, except accident and health						
	Totals	Λ	0				
15.		U	0	0	0		
	DETAILS OF WRITE-INS						
398.	Summary of remaining write-ins for Line 13 from overflow						
	page	0	0	0	Q		
399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on										0
compromised claims .  18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.6 Total settlements				0		0		0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	400,000	0	(a) 0	0	0	0	0	4	400,000
21. Issued during year									0	0
23. In force December 31 of current year	4	400,000	0	(a) 0	0	0	0	0	4	400,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ .... .... current year \$

### **ACCIDENT AND HEALTH INSURANCE**

ACCIDENT AND HEALTH INSURANCE											
	1	2	3	4	5						
			Dividends Paid or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group policies (b)											
24.1 Federal Employees Health Benefits Plan premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively renewable policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)	9 , 198	9 , 195		277	(250)						
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.6 Totals (sum of Lines 25.1 to 25.5)	9,198	9 , 195	0	277	(250)						
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	9 198	9 195	1 0	277	(250)						

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)
9,198
9,195

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products
1 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2017

1 Ordinary 59,538 0	2 Credit Life (Group and Individual)	3 Group	4	5
59,538 0		Group	I	
	^	O.00p	Industrial	Total
	lU	0	0	59,5
	l0 <b>l</b>	0	0	
215	XXX	0	XXX	2
0	l0 <b>l</b>	0	0	
59,753	0	0	0	59,
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0 [	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
-				
140 451	0	0	0	140 .
0	0	0	0	
372 150	0	0	0	372
0	0	0	0	
		······································		
0	0	0	0	
0	0	0	0	
512 601	0	0	0	512,
012,001	Ů	<u> </u>		012,
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	n		, h	
	215 0 59,753 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	215	215	215

				edit Life						
		rdinary		ind Individual)		Group	Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year	6	140 , 451	0	0	0	0	0	0	6	140 , 451
Settled during current										
year:										
18.1 By payment in full	6	140 , 451	0	0	0	0	0	0	6	140,451
18.2 By payment on										
compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	6	140,451	0	0	0	0	0	0	6	140,451
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	<u> </u> 0	0	0	0	0	0	0	0
18.6 Total settlements	6	140,451	0	0	0	0	0	0	6	140,451
19. Unpaid Dec. 31, current			1							
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)					i i	
prior year	172	9,373,017	0	0	0	0	0	0	172	9,373,017
21. Issued during year	0	L0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	(22)	(1,100,000)	o	0	0	0	0	0	(22)	(1,100,000)
23. In force December 31	` ′			(a)					`	
of current year	150	8,273,017	0	0	0	0	0	0	150	8,273,017
(a) Includes Individual Credit L	ife Insurance	e: prior year \$		0 cu	rrent year \$		0			
Includes Group Credit Life	Insurance: L	oans less than o	r equal to 60	months at issue,			0 <b>cu</b> ri	rent year \$		0
Loans greater than 60 mon								vear \$		

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:		1			
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)		7,801,571	0	6,083,320	6,074,172
25.3 Non-renewable for stated reasons only (b)		L2,143,540,803	l0	11 , 448 , 685 , 467	<b>1</b> 1,576,493,272
25.4 Other accident only	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)		2,151,342,374	0	1,454,768,787	1,582,567,444
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	2.150.858.033	2.151.342.374	1 0	1.454.768.787	1.582.567.444